

Franchisee Application Form:-

Full Name	:			
Educational Qualification	:			
Age	:			
Address	:			
Contact Number – Office	:			
Residence	:			
Email	:			
Work Experience (number	of years)	:		
Business Experience (numb	per of years	s) :		
Investment capability (in la	khs) Perso	nal :		
Bank/Financial Institutions	:			
When do you propose to s Immediately	-	ew venture next 3 mont		Next 3 to 6 months
Interested City for Franchi	se	:		
Space Available If Yes, Area (in sq. ft.)		:	Yes	No 🔲
Nature of agreement: Ownership	F	Rental 🔲		Lease
Period of agreement		:		
Classification of the place: Residential		Commercial		Educational
Proximity from Main Road	:			
On Main Road 🔲 No	ear Main R	oad (Within	500m) 🔲	Away from Main Road [] (More than 500m)



Network Partner Profile					
1) Currently are you runr	ing any company	Yes] No		
If Yes,					
(a) Name of Company					
(b) Type of Company	Proprietary	Partnership	Private Limit	ed 🔲	
(c) Profile of Owners: Name Education Experience	One	Two	Thr	-ee	
2) Other businesses					
3) Number of years in bu	siness				
4) Business growth for la	st 3 years				
5) Experience in Fine Arts					
6) Experience in Sales					
7) Previous experience in running a training center					
8) Number of people employed					
9) Reasons for wanting to	become a NIFA Ce	ntre Franchise			
10) What efforts/ initiatives would you put in to make this business a success?					



	nt motivates you? Prestige of doing own business			
	Good feeling of doing art busin Market Share Success			
12) Expe	Social Contributions [Providing ectations from business	Year1	Year2	Year3
	Turnover Profit Quarterly cash flow			
13) Why	did you choose NIFA?			
	Low risk Like "NIFA" Want to do Fine Arts Business			
		DECLARAT	ION	
hereby o	certify that the context stated confirm that our Organization / ever. I accept that any facts stat tion for franchisee.	Society / Trust	is free from any	legal / official disputes
Place:				
Date:				
Signatur	e of the applicant:			