



NEXGEN EDUCATION

& VOCATIONAL TRAINING INSTITUTE

FRANCHISE APPLICATION FORM

Application For: Authorized Training Center State Co-ordinator
 District Co-ordinator Country Master Franchise

1. Name of the Applicant/Applicants _____

2. a. Whether you are currently running a institute Yes No

b. If yes, then name of the Institute _____

3. Address : _____

Tehsil : _____ District : _____ State : _____ Country : _____

Pin Code: _____ Email ID: _____ Website : _____

Area : Urban Semi Urban Rural Backward

Mobile : _____ Land line No. (with STD Code): _____ Residence : _____

4. Status of the Institute :

a) Trust b) Society c) Partnership d) Proprietorship e) Pvt. Ltd.

5. Date of Incorporation/Commencement of Institute :
D D M M Y Y Y Y

6. Whether your Institute is currently Associated/Franchise/Partner of any organization (If yes, Please specify the brand): _____



-:Office Use Only:-

Authorized Code Centre :-

Date Of issue :-
D D M M Y Y Y Y

Authorized Signature :-



NEXGEN EDUCATION & VOCATIONAL TRAINING INSTITUTE

Details of the Head of the Institute

S.No.	Name	Designation	Qualification	Experience
1.				
2.				
3.				

Details of the Faculty Staff

Sr. No.	Name	Designation	Specialization	Qualification	Experience	Full time /Part time
1.						
2.						
3.						
4.						
5.						

Infrastructure available

Sr. No.	Particulars	Size (In sq. ft)	Carpet Area (In sq. ft)	Number
1.	Reception / Counseling Room			
2.	Theory Class Room			
3.	Computer Lab			
4.	Library			
5.	Visiting Zone/Open Space			
	Total Area (in sq.ft)			

Details of the Furniture & Fixtures available

Sr. No	Particulars	Quantity (Nos.)
1.	Computer Tables	
2.	Computer Chairs	
3.	Classroom Chairs	
4.	White Board/Black Board	
5.	Projector	
6.	Others (Specify)	



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PERSONAL FACT SHEET OF THE CENTER INCHARGE

1. Name : _____
2. Father's Name : _____
3. Date of Birth :
D D M M Y Y Y Y
4. Residential Address : _____
City : _____ Dist : _____ State : _____ Country : _____
Land line No. (with STD Code) : _____ Mobile No. : _____
Email ID : _____
5. Permanent Address: _____
City : _____ Dist : _____ State : _____ Country : _____
6. Nationality : _____ Marital Status: Married Unmarried
7. Academic Qualification :
- | S.No. | Standard | Stream | Board/University | Year of Passing | Percentage |
|-------|------------------|--------|------------------|-----------------|------------|
| 1. | Higher Secondary | | | | |
| 2. | Graduation | | | | |
| 3. | Post Graduation | | | | |
| 4. | Other (Specify) | | | | |
8. Investment Capacity (In INR/USD) _____ (In Words) _____

Photograph
Of the Incharge
Of the
Institute

DOCUMENTS REQUIRED

Kindly Attached the following documents along with the application form:

1. Copy of Address proof (Telephone Bill/Electricity Bill/ License of the Municipal Corporation) of the Institution.
2. Copy of Identity Proof (PAN Card/Election Card/Driving License/Passport/Bank Pass Book/Aadhar Card).
3. Copy of Academic Qualifications.
4. One Passport size colored photograph of Owner/Proprietor/Partners.
5. If on rent/lease then rent/lease agreement.
6. Photographs of the institute.



NEXGEN EDUCATION & VOCATIONAL TRAINING INSTITUTE

INSTITUTE SNAPS

1. Paste Photograph of the Building (Front View) in below mention box.

Affix 4x6 Photo here.

2. Past Photograph of the Reception/Counselor's Room in below mention box.

Affix 4x6 Photo here.

Visit- www.nevti.org

Call us. 9451364253