



MASTER BRAIN INTERNATIONAL TM (A Unit of

Master Brain International Pvt Ltd- A brain development & Skill development Company)

AN ISO 9001:2015,29990-2010 CERTIFIED COMPANY CIN U80903AS2015PTC012168



Skill India

**Corporate/Admin Office: Master Brain International, H/No. 14, D.S. Lane, Ambicapatty
Silchar Assam(India)-788004.**

Contact No : 7086434535 / 7896060952

Web site : www.masterbraininternational.com

Email: masterbraininternational@gmail.com

Affix your
Passport Size
RECENT
PHOTOGRAPH

APPLICATION FOR FRANCHISEE

1.1 APPLICATION FOR (TICK)

MASTER KIDZ WORLD PRESCHOOL

MASTER BRAIN INTERNATIONAL
ACADEMY

UNIVERSAL GENIUS MIND

FULL PACKAGE

1.2

APPLICATION FOR PLACE: State Country

1.3

FRANCHISEE APPLIED FOR COURSES:

1) 2)..... 3)..... 4).....

5)..... 6) 7) 8)

ALL

1.4 NAME OF APPLICANT / CHIEF PROMOTER/ DIRECTOR:

| | | | | | | | | | | | | | | | | | | | |
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2. FATHER'S NAME:

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3. SEX: MALE

FEMALE

4. MARITAL STATUS: MARRIED

SINGLE

5. STATUS: INDIVIDUAL

PARTNERSHIP

PVT. LTD/LIMITED

OTHER (Specify)

9.1 PAN NO. OF APPLICANT

AADHAR NO OF APPLICANT

10. DETAILS OF APPLICANT / CHIEF PROMOTER / DIRECTOR:

**10.1 EDUCATIONAL QUALIFICATION
(Academic/Technical/Professional)**

| DEGREE/DIPLOMA | UNIVERSITY /INSTITUTE | PASSING YEAR | MAIN SUBJECTTS |
|-----------------------|----------------------------------|-------------------------|---------------------------|
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10.2 PREVIOUS EXPERIENCE IN THE SAME / RELATED FIELD:

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10.3 DETAILS OF PRESENT OCCUPATION /ENGAGEMENT (If Any):

10.4 NAME OF JOB / MODE OF BUSINESS (if any):

11. ABOUT CENTRE (IF APPLICANT IS RUNNING AN EXISTING INSTITUTE SCHOOL/COMPUTER /OTHER INSTITUTE):

11.1 NAME OF THE INSTITUTE:

11.2 COURSE (S) EXISTING:

| Sr. No. | Stream (s) | Course (s) |
|----------------|-------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

11.3

TOILET



BOARD



PROJECTOR



CCTV CAMERA



DRINKING
WATER



GENSET/INVERTER



COMPUTER /LAPTOP



11.4 Equipments Details (if available)

| DEPARTMENT | EQUIPMENT | MADE | CONFIGURATION | WORKING CONDITION |
|------------|-----------|------|---------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: Please attach separate sheet, if any required.

11.5 : STAFF MEMBERS DETAILS:

| NAME OF STAFF MEMBERS | DESIGNATION | EDUCATIONAL QUALIFICATION | WORKING EXPERIENCE | FULL / PART TIME |
|-----------------------|-------------|------------------------------|-----------------------|---------------------|
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Note: Please attach separate sheet, if any required.

11.6: Center's Bank Account Detail

Bank Name

Account Number

Branch Details

Account held since

We are attaching Demand draft in favour of Master Brain International Pvt Ltd. with details given below:

**DD Amount:
Bank Name:**

DD No.

**Date:
Place:**

NOTE:

- 1. We don't accept CHEQUES(with certain exceptions) . Fees should be paid in form of Demand Draft or online transfer (NEFT/RTGS/Debit card/Credit Card).**
- 2. The said Franchisee fee, inspection and approval charges are non-refundable and non adjustable with any other matters after the date of approval.**

12. NAME & ADDRESS OF TWO KNOWN PERSONS FOR REFERENCE:

DECLARATION OF RESIDENCE & GOOD PROFESSIONAL:

Two (2) references are required to be submitted by reputable persons who have known you at least three (3) years. They neither should be relatives of the applicant nor should they attach with the applicant & his/her organization.

DECLARATION OF RESIDENCE & GOOD PROFESSIONAL

This is certify that we have been personally acquainted with

_____S/o_____

Address: _____

Organization Name: _____ from__ years that we believe him/her to be of good qualified character; that to my knowledge the applicant has never been convicted of a felony or declared by any court of competent jurisdiction to have committed any fraud and that he is known to be of (1) good moral character (2) highest financial integrity and (3) having good business and professional reputation respectively. Also that applicant is a civic minded citizen and we recommend him/her to the work for Master Brain International with fully trust and responsibility.

We also are willing to answer any questions which the MBI might ask in regard to this applicant. (Further comments and remarks are appreciated.)-----

(I) NAME :

OCCUPATION :

TEL. NO..... MOBILE:.....

E-mail:

Signature with seal

Date: _____

(II) NAME :

OCCUPATION :

ADDRESS :

TEL. NO. MOBILE :

E-mail:

Signature with seal _____

Date: _____

***Note: Please attach photocopy of ID proof of both declaration persons.**

DECLARATION

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for nominations associate. However I will have no right whatsoever to fight/challenge legally against the judgment in any court of law. All disputes are subject to Silchar Jurisdiction only.

Name (Head of the Organization/Centre:

Signature with seal & Date :

(FOR OFFICE USE)

CHECK LIST OF ENCLOSURES:

1. Bio data of Applicant/Chief Promoter/Director
2. Two Passport size photograph of Applicant (One pasted on form, other attached)
3. Photocopy of Educational & Residential Certificates with ID proof of Chief Promoter
4. Photocopy of Registration of Institute/Trust/Society/Company & by-laws or Trade License.
5. Photocopy of proof of ownership of Premises / Rent /lease Agreement

DATE:/...../ 20....

PLACE:

FULL SIGNATURE: **INITIAL SIGNATURE:**

(AUTHORITY OF MASTER BRAIN INTERNATIONAL)

ROUND SEAL OF MBI

SEAL OF AUTHORITY

