



FRANCHISEE APPLICATION FORM

Kindly fill all the sections to help us obtain all relevant details. You may submit your updated CV along with completed form.

1) Franchisee for the city of

2) State in which the above city is located

3) Franchisee will be taken by

Individual	<input type="text"/>
Group of Individual	<input type="text"/>
No of People	<input type="text"/>

4) Your Personal Information

Name of Individual
(Note: If it is a Group Then please mention only main Person's Name and address)

Address1

Address2

Address3

Phone (R) (O)

Mobile

Your Email ID

5) How much time per day will you be able to spend on education franchisee? Hrs

6) Do you have office space?

No	<input type="text"/>
Yes	<input type="text"/>
Yes (Rented)	<input type="text"/>

7) If YES Locality in City Area(sq.ft)

8) How much money are you willing to invest in Maxx Academy franchisee?
(for initial investment and expenses for the first 1 year)(Ex : 4,00,000)

9) How many degree colleges are there in your city?

10) How many Engineering colleges are there in your city?

11) How many Schools are there in your city?

12) Please give names of top 5 colleges in your city:

a	<input type="text"/>
b	<input type="text"/>
c	<input type="text"/>
d	<input type="text"/>
e	<input type="text"/>

13) (Give the names of other towns within 2 hours of journey from your city.)

a

b

c

14) Please provide the following about yourself/group of individuals

Note: Please provide all the details asked for . It will enable us to take the correct decision if you are the right business partner we are looking for.

Name of the individual

Age

No. of years of Work Experience

Educational Qualification starting with most recent:

Qualification	Year of Passing	University/Institution	Percentage

15) Functional areas worked in

16) What are you doing currently ? Employee
Own Business

17) If an employee will you give up your job to take up Maxx Academy franchisee ?
Yes No

18) If you already have your own business:
Line of Business
Annual Turnover

Your exposure to Education activities or teaching

I / We do hereby state that the information provided above is true to best of my/our knowledge

Date Signature