Aaniya Institute of Information Technology Pvt. Ltd.

Registered Under the Companies Act 2013, Ministry of Corporate Affairs, Govt. of India
Corporate Identity Number: **U72900BR2019PTC042950**
Corp. Office: C-202 J. J. Colony Wazirpur, Ashok Vihar New Delhi 110052
Reg. Office: Town Club Ward No 18 Station Road Madhubani Bihar 847211

ISO 9001-2015 Certified Organization

FRANCHISE APPLICATION FORM

Name of Institution : _____

Address of Institution:

Village/City : _____ **Land Mark** : _____
Post : _____ **Police Station** : _____
District : _____ **State** : _____ **Pin :** _____

Contact Details of Institution:

Mobile No : ☐☐☐☐☐☐☐☐☐☐ **Alternate No** : ☐☐☐☐☐☐☐☐☐☐
WhatsApp No : ☐☐☐☐☐☐☐☐☐☐ **Web Site** : _____
Email ID : _____

TAX Identification Details of Institution:

PAN NO : ☐☐☐☐☐☐☐☐☐☐ **TAN NO** : ☐☐☐☐☐☐☐☐☐☐
GSTIN : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Details of Institution:

Bank Name : _____
Account Holder : _____
IFSC Code : _____ **Account No** : _____

Director Details of Institution:

Director Name : _____
Father's/Husband's Name : _____
Gender : ☐ Male ☐ Female **Date of Birth** : ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY
Aadhar No : ☐☐☐☐☐☐☐☐☐☐☐☐ **PAN No (Optional):** ☐☐☐☐☐☐☐☐☐☐

Nationality : _____ Category : ☐ GEN ☐ OBC ☐ SC ☐ ST ☐ Other

Permanent Address

Village/City : _____

Post : _____ Police Station : _____

District : _____ State : _____ Pin : _____

Mobile No : ☐☐☐☐☐☐☐☐☐☐ Alternate No : ☐☐☐☐☐☐☐☐☐☐

WhatsApp No : ☐☐☐☐☐☐☐☐☐☐ Email ID : _____

Contact Person Details of Institution:

Contact Person Name : _____

Father's/Husband's Name : _____

Gender : ☐ Male ☐ Female Date of Birth : ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY

Aadhar No : ☐☐☐☐☐☐☐☐☐☐☐☐ PAN No (Optional): ☐☐☐☐☐☐☐☐☐☐

Nationality : _____ Category : ☐ GEN ☐ OBC ☐ SC ☐ ST ☐ Other

Permanent Address

Village/City : _____

Post : _____ Police Station : _____

District : _____ State : _____ Pin : _____

Mobile No : ☐☐☐☐☐☐☐☐☐☐ Alternate No : ☐☐☐☐☐☐☐☐☐☐

WhatsApp No : ☐☐☐☐☐☐☐☐☐☐ Email ID : _____

Do you have any other franchisee (Please Tick) ☐ Yes ☐ No

(If Yes) Name of franchisee provider : _____

_____

Please write in details what else you desire from us: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Building Details			
Owned/Rented	Carpet Area	Name of the Owner	Period of Agreement

PREMISE AREA OF INSTITUTION			
SL NO	PARTICULAR	COUNT	REMARKS
01	No. of Theory Room		
02	No. of Lab Room		
03	Office		
04	Reception		
05	Counseling Room		
06	Waiting Area/Room		
07	Wash Room		
08	Parking Area		
09	Other (_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _)		

EQUIPMENT DETAILS OF INSTITUTION			
SL NO	PARTICULAR	COUNT	REMARKS
01	No. of Desktop		
02	No. of Laptop		
03	No. of Printer		
04	Internet Connection		
05	Power Backup		
06	CCTV Surveillance		
07	Projector		
08	Other (_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _)		

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 franchise.

Name (Head of Organization) : _

Designation : _

Date: _ _ _ _ _ _ _ _ _ _ _ _

Place: _ _ _ _ _ _ _ _ _ _ _ _

Stamp of Institution

Signature of Director

Office Use Only

Application Accept Date : _____ Application No : _____

☐ ACCEPT ☐ REJECT ☐ PENDING

Remarks: _____

_____

_____

_____

_____

Date: _____

Place: _____ Office Stamp Signature of Verifier

Branch Name : _____

Branch Code : _____ Branch Address : _____

Date of Reg. : _____ Registration No : _____

Certificate No : _____ Certificate Issue Date : _____

Remarks: _____

_____

_____

_____

_____

Date: _____

Place: _____ Office Stamp Authorize Signature

CONTACT DETAILS

Mobile No : +91 9122 709511, +91 9555 873954

Official : officialinfo.aiit@gmail.com Franchise : franchise.aiit@gmail.com

Certification : certification.aiit@gmail.com Student : studentservice.aiit@gmail.com