

Franchisee Application Form

ETH Limited

Near Kapil Complex, S. No. 82/1/17, Baner

Pune, Maharashtra 411045

Ph: - 020-40162311/308

Web site - www.eth.co.in Email: education@eth.co.in

Application Form No. :

1. ETH Education : Register Franchisee Category		Tick on Interested Franchise category	
	1	Platinum Partner	
	2	Gold Partner	
	3	Silver Partner	
	4	Classic Partner	
	5	Others (Specify) :	
2. Name of the ETH Representative / Partner :			
3. Name of Centre :			
4. Center Address :			
	Land Mark :	Taluka :	
	District :	Pin Code :	
	Land Line :	Mobile No. :	
E-mail ID :			
5. Type of Organisation			
6. Registration No.:			
7. Work/Business Experience :			
8. Name of Applicant:			
	Land Mark :	Taluka :	
	District :	Pin Code :	State :
	Land Line :	Mobile / WhatsApp No.:	
E-mail ID 1 :			
9. Date of Birth :			
10. Qualification:			
11. Pan Card No. :		Aadhar No.:	
12. Bank Details :		Bank Name :	Branch :
		Bank A/c No.:	IFSC Code :
13. IT Infrastructure :			
No. of PCs :			
Hardware Configurations :			
Internet Connectivity :			
14. Center Infrastructure :			
Premises (Owned / Rental / Leased) :			
No. of Theory Labs:		Total Area (Sq. Ft.):	
No. of Practical Labs:		Total Area (Sq. Ft.):	
15. Nature Of Business:		Industry Experience :	Annual Turn Over :
16. Faculty Details :		Name :	Education :
		Name :	Education :
		Experience :	Experience :



17. Center Other Information	a) Location of Center	b) Promoter :
	c) Business Potential :	d) Existing Affiliation :
	e) Overall Impression :	

18. Center Registration Fee

Payment Details: I _____ hereby submitting **Expression Of Interest** along with Franchisee Registration Fee as per Selected _____ Franchise Category & its Related Offering

Mode of Payment	Bank Name	Bank Branch	Cheque/DD/NEFT/ No.	Cheque/DD/NEFT/ Date	Amount (In Rs.)
Cash/DD/ Cheque/NEFT					
Cash/DD/ Cheque/NEFT					

I request you to kindly register My Centre as an Authorized Franchise of ETH Ltd for the above mentioned category and location. Kindly Consider the Validity of Authorization of my ETH Ltd franchise from _____ to _____.

19. Center/ Franchises Owner Declaration :

- a) I/We further undertake to implement ETH Programs in accordance with and complete adherence to ETH norms & Terms & Condition as decided from time to time.
- b) I/We further undertake that I/We shall be responsible for all costs, consequences, expenses, liabilities, obligations, and damages (if any) resulting from or arising out of or relating to any discrepancies, acts, omissions, negligence, misrepresentation, malpractice, whether directly or indirectly, committed by me/us, subsequent to registration/renewal as the ETH Authorized Reseller.

Name & Signature

Declaration: I declare that, the above information provided by me is true and correct. Similarly, the documents submitted by me are true. I shall be solely responsible for the financial & legal liabilities arising in event of any false information and documents.

Note : ETH Ltd reserves its rights to terminate this Application or ETH Registered Franchisee Services at any time without assigning any reasons thereof.

<p>Detail MoM / Discussion / Remark / Comments</p>	
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Sign of ETH Representative/DM

Centre Seal & Signature with Date

Authority	Center Payment Mode :	Payment Status Remark	Payment Received Date:
	Payment Deposited Proof, If any :		
DM Sign :			
MIS Representative Remark & Sign:			
Verified By Account Manager:			
Final Approval by Education Head			

FOR OFFICE USE ONLY

Authority	Details of Payment received		Signature	
MIS Representative	License Fee	Rs.	Signature	
	Other Charges	Rs.		
	Total Affiliation Fees	Rs.		
	Service Tax %	Rs.		
	Total	Rs.		
	(A) Recommended Documents (Copy of following attested by the Center Owner with Profile) :			
	1) Pan Card			
	2) Address Proof: (Electricity Bill / Telephone Bill / Other			
	3) Photo ID Proof :- (Driving License/ Pan Card/ Aadhar Card Other.....)			
	4) Shop Act License/Gram panchayat NOC/Certificate of Registration of Society or Trust/ Memorandum & Article Of Association			
	5) Partnership Deed / Resolution of Organization			
	6) Rent Agreement			
	7) Service Tax Registration			
8) Photocopy of Blank Cheque or Cancelled Cheque				
(B) Photographs of Center				

Platinum Partner Allotted Area (District Name)	1) _____ 2) _____ 3) _____
	*This Information applicable for New Appointment of Platinum Partner.

Sign of ETH Representative