**FRANCHISEE RENEWAL FORM**

**[FILL UP IN BLOCK LETTER]**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Information about Institute / Campus** | | | | | | | | | | |
| **Name of the Institute**  **(As per Authorization Letter)** |  | | | | | | | | | |
| **ATI Code**  **(As per Authorization Letter)** |  | | | | | | | | | |
| **State** |  | | | | | | | | | |
| **District** |  | | | | | | | | | |
| **Location** |  | | | | | | | | | |
| **Landmark of Location** |  | | | | | | | | | |
| **Post Office** |  | | | | | | | | | |
| **Police Station** |  | | | | | | | | | |
| **Pin Code** |  | | | | | | | | **Nationality** | **INDIA** |
| **Official E-Mail Address** |  | | | | | | | | | |
| **Official Mobile** | **Mob 1** | |  | | | | | | **Mob 2** |  |
| **Area Type (Rural / Urban / Semi- Urban)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Area Under (Panchayat / Municipality)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Name of Panchayat / Municipality** | | | |  | | | | | | |
| **Institute Type (Owned / Rented)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
|  | | | | | | | | | | |
| **Information about Infrastructure** | | | | | | | | | | |
| **Theory Room Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Practical Room Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Reception Room Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Number of Computer Available in Lab** *(In Figure)* | | | |  | | | | | | |
| **Internet Connection Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Printer & Scanner Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **CCTV Camera Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Seating Capacity in Theory Room** | | | |  | | | | | | |
| **Seating Capacity in Practical Room** | | | |  | | | | | | |
| **Information about Infrastructure** | | | | | | | | | | |
| **Drinking Water Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Toilet Facility Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Library Facility Available (Yes / No)**  *[Write the Correct Option on Beside Tab]* | | | |  | | | | | | |
| **Number of Teaching Staff (in Figure)** | | | |  | | | | | | |
| **Number of Non-Teaching Staff (in Figure)** | | | |  | | | | | | |
| **Number of Total Staff (in Figure)** | | | |  | | | | | | |
| **Total Area of Campus** | | | |  | | | | | | |
| **Number of Floor** | | | |  | | | | | | |
| **Number of Rooms** | | | |  | | | | | | |
| **PMKNYCC Related Information for ATI** | | | | | | | | | | |
| **Date of Registration**  **(As per Authorization Letter)** | | | |  | | | | | | |
| **Validity of 1st Authorisation** | | | |  | | | | | | |
| **Date of Validation End** | | | |  | | | | | | |
| **ATI Director Name**  **(As per Authorization Letter)** | | | |  | | | | | | |
| **HEAD OFFICE USE ONLY** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Information about APPLICANT (S)** | | | | | | | | | | |
| **Type of Applicant (Single / Partnership**)  *[Write the Correct Option on Beside Tab]* | | | | |  | | | | | |
| **Information about First / Single Applicant** | | | | | | | | | | |
| **Name of the First Applicant**  *(As printed on your ID Proof )* | |  | | | | | | | | |
| **Designation** | |  | | | | | | | | |
| **Date of Birth (DD / MM /YYYY)** | |  | | | | | | | **Gender** |  |
| **Mobile Number** | | **Mob 1** | | | |  | | **Mob 2** | |  |
| **E- Mail Address** | | **Passport Size Photo of First Applicant, Photo Paste on it.** | | | | | | | | |
| **Last Educational Qualification** | |  | | | | | | | | |
| **Marital Status** | |  | | | | | **Caste** | |  | |
| **Aadhar Card Number (12 Digit)**  *[As Per Your Aadhar Card]* | |  | | | | | | | | |
| **PAN Card Number (10 Digit)**  *[As Per Your PAN Card]* | |  | | | | | | | | |
|  | | | | | | | | | | |
| **Information about Second Applicant [Required only for Applicant Type Partnership]** | | | | | | | | | | |
| **Name of the First Applicant**  *(As printed on your ID Proof )* | |  | | | | | | | | |
| **Designation** | |  | | | | | | | | |
| **Date of Birth (DD / MM /YYYY)** | |  | | | | | | | **Gender** |  |
| **Mobile Number** | | **Mob 1** | | | |  | | **Mob 2** | |  |
| **E- Mail Address** | | **Passport Size Photo of Second Applicant, Photo Paste on it.** | | | | | | | | |
| **Last Educational Qualification** | |  | | | | | | | | |
| **Maritial Status** | |  | | | | | **Caste** | |  | |
| **Aadhar Card Number**  *[As Per Your Aadhar Card]* | |  | | | | | | | | |
| **PAN Card Number**  *[As Per Your PAN Card]* | |  | | | | | | | | |

**DECLARATION**

I hereby declare that the details provided by me herein above are true to best of my knowledge. I am agreeing to Provide Proof Copy against this above Statement.

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Signature of First Applicant Signature of Second Applicant (If Required)

Date of Application: ………………………………… *Place* : …………………………

**List of Attached Documents:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Single / First Applicant (Please TICK)** | | | **Second Applicant (Please TICK)** | |
| Photocopy of Aadhar Card |  | | Photocopy of Aadhar Card |  |
| Photocopy of PAN Card |  | | Photocopy of PAN Card |  |
| Photocopy of Last Educational Documents |  | | Photocopy of Last Educational Documents |  |
| Passport Photo. (Paste on Place) |  | | Passport Photo. (Paste on Place) |  |
| Bio- Data of Applicant |  | | Bio- Data of Applicant |  |
| **INSTITUTE REGARDING DOCUMENTS** | | | | |
| TRADE LICENSE OF INSTITUTE | | | |  |
| Photocopy of PARTNERSHIP Deed (Mandatory for PARTNERSHIP APPLICANT) | | | |  |
| Colour Photo of Institute Premises (Theory Class Room) | | | |  |
| Colour Photo of Institute Premises (Practical Class Room) | | | |  |
| Colour Photo of Institute Premises (Color Front side View of Your Academy) | | | |  |
| Photocopy of Authorisation Letter | | | |  |
| PMKNYCC Agreement Copy (Available in ATI Panel – Download) | | | |  |
|  | | | | |
| **FRANCHISEE PROCESSING FEE REGARDING INFORMATION** | | | | |
| FRANCHISEE PROCESSING FEE | |  | | |
| PAYMENT AMOUNT | |  | | |
| PAYMENT MODE (NEFT / IMPS / BHIM / CHEQUE) | |  | | |
| TRANSACTION ID / CHEQUE NO | |  | | |
| DATE OF TRANSACTION | |  | | |
| RECONCILIATION DATE | |  | | |

**DECLARATION**

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Signature of First Applicant Signature of Second Applicant (If Required)

Date of Application: ………………………………… Place: …………………………