**FRANCHISEE RENEWAL FORM**

**[FILL UP IN BLOCK LETTER]**

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| **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**

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: …………………………