

Application form for open a Franchise Center **PUNE UNIVERSITY** and  
**ETH RESEARCH LAB** Joint Program under **DEVESH EDUCATION & ACADEMIC**

Name of the Company : \_\_\_\_\_

Nature of Company : Proprietor / Partner / Pvt. Ltd.

Name of the Contact Person : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail : \_\_\_\_\_

URL : \_\_\_\_\_

Activity of Business : \_\_\_\_\_  
\_\_\_\_\_

Weather you are Running Computer Class :  Yes  No

How Many Computers you have : \_\_\_\_\_

Weather you have any other Frenchise for Training Center : \_\_\_\_\_  
\_\_\_\_\_

If Yes Name of the Frenchiser : \_\_\_\_\_

Approximate Size of Your Office : \_\_\_\_\_ Sq. Feet

Reason for joining us : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I / We have gone through your latter and I / We interested to open a franchise center.

I / We ready to give not refundable Deposit Rs. 50,000/- for the City Area / Rs. 25,000/- for the village area to be our Franchises Partner for one year.

Payment must be made by A/c. Payee Cheque / Draft only in favour of M/s. Devesh Education & Academic.

Note :

One receiving attached form duly signed by you, our Team of executive will visit your premises for finalized the franchise center

**Signature with Stamp**