



**9. Building:**

Owned/Rented /Leased	Carpet Area	Name of the Owner	Period of Agreement

**9. Infrastructure Details**

**No. of Classrooms:**

**No. of Computer Systems:**

**Office Equipment:**

**Faculties Details (name , qualification & Experience) :**

**10. Do you have any experience in executing the placement linked skill development training programs? If any.**

Year	Own/Franchisee Specify Trg Partner name If franchisee.	Name of Govt/state/ private Agency	District	Courses	Target vs Achievement	Trained Vs Placed	Avg Salary for youth	Retention %

**11. Do you have any other franchisee (please tick)**

Yes ( )

No ( )

(if Yes ) Name of franchisee provider -----

**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 franchisee.

Name (Head of the Organization):

Designation & Signature with seal:

Date & Place: