

FRANCHISE APPLICATION FORM

THIS KIT CONTAINS THE FOLLOWING FORMS

- Form A To be filled by all promoters in the business entity proposed for VISION franchisee and other key persons (if any) who would be committed to the day-to-day operations of the franchise centre.
- Forms B & C To be filled by the main applicant / majority stake promoter in consonance with his /her partners and advisors.

(NOTE : Filling of forms A, B, C is mandatory. We would appreciate your best effort in case of Form C. The information furnished by the applicants shall be treated in strict confidence).

1. Please attach supporting documents wherever asked for or necessary.
2. Please use separate sheets wherever required.
3. The Franchise Application Form will be accepted alongwith a Demand Draft of Rs. 5000/- towards application processing and site visit as an sincerity amount within a stipulated time period of 10 days from the receipt of this kit. The Demand Draft will be in the name of "VISION KOTA EDUCARE PVT. LTD." payable at Kota.
4. Franchise Application Form is the only authentic way of presenting your candidature aptly before the corporate. In case you face any problems / require any clarification / assistance to fill the Franchise Application Form, please feel free to communicate to us.

DISCLAIMER

The submission of the completed application does not guarantee an automatic grant of licence of VISION Educational Services. The company reserves the right to reject the application at any point of time without assigning any reasons.

Franchisee Development Cell



VISION KOTA
EDUCARE PVT. LTD.

608-A, TALWANDI KOTA (RAJ.)

☎ (0744) 6450883, FAX. 2405510

Website : www.visionkota.com

E-mail : info@visionkota.com

No franchise application form will be valid without the processing fees

PERSONAL PROFILE

FORM A - PERSONAL PROFILE

NAME (IN FULL AND BLOCK CAPITAL) : _____

FATHER'S / HUSBAND'S NAME : _____

 COMPLETE POSTAL ADDRESS : _____
 (Residential)

City/Town : _____

District : _____

Pin : _____

State : _____

DATE OF BIRTH : _____

TELEPHONE NOS.: Office : _____ Resi. : _____

Mobile : _____ Fax : _____

E-mail : _____

YOUR ACHIEVEMENTS : _____

 Please affix
 your
 passport size
 photograph here
 (size : 3.5 cm x 4.5 cm)

QUALIFICATIONS

DEGREE / DIPLOMA / CERTIFICATE	UNIVERSITY / INSTITUTION	SUBJECTS	YEAR OF PASSING

BUSINESS EXPERIENCE (if any)

NATURE INVOLVEMENT (Partner/Director etc.)	NAME OF ORGANIZATION	NATURE OF BUSINESS	YEAR (FROM)	YEAR (TO)	TURNOVER (RS. LAC)	PRODUCTS	NO. OF EMPLOYEES

WORK EXPERIENCE (if any)

ORGANISATION	DESIGNATION	SALARY DRAWN	YEAR (FROM)	YEAR (TO)	NATURE OF WORK	MAIN PRODUCTS	NO. OF EMPLOYEES

FAMILY DETAILS (Father, Mother, Spouse, Brother(s), Sister(s), Children)

NAME	AGE	RELATIONSHIP	QUALIFICATION	OCCUPATION

EXPOSURE TO IIT-JEE/AIEEE/CPMT EXAMS

NAME	YEAR OF APPEARANCE	RESULT

DETAILS OF THE DEMAND DRAFT

DATE	AMOUNT	DD NUMBER	BANK NAME

PERSONEL INTERESTReading habits : _____
_____Hobbies : _____

_____**DECLARATION**

I / we declare that the details and information provided by me / us herein above are true to the best of my / our knowledge and belief.

DATE : _____

PLACE : _____

(Signature)**(FOR OFFICE USE ONLY)**

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**INFRASTRUCTURE
/ FINANCE**

FORM B - INFRASTRUCTURE / FINANCE

STRUCTURE OF THE BUSINESS ENTITY FOR FRANCHISEE OPERATIONS

- | | |
|--|---|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership Firm |
| <input type="checkbox"/> Private Limited | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Others |

INVESTMENT CAPABILITY (Rs. In Lacs)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 05-10 | <input type="checkbox"/> 10-15 |
| <input type="checkbox"/> 15-20 | <input type="checkbox"/> 20-25 |

PROMOTERS DETAILS

NAME	AGE	PROPOSED SHARE HOLDING IN FRANCHISEE CENTRE	OTHER BUSINESSES	WHETHER WORKED SOMEWHERE	NATURE INVOLVEMENT WITH THE VISION FRANCHISEE OPERATION

(Strike out unutilised rows)

NAMES OF NON-PROMOTERS / KEY PERSONS BEING OFFERED PROFIT SHARING OR STOCK OPTIONS WHO ARE GOING TO BE FULLY COMMITTED TO THE OPERATION OF THE FRANCHISE CENTRE

NAME	AGE	ACTIVITIES TO BE TAKEN UP AT THE CENTRE

(Strike out unutilised rows)

FINANCIAL STRENGTH

(In case of each promoter, please indicate the amount to be invested)

FROM OWN SOURCES

NAME	AMOUNT AVAILABLE TO BE INVESTED (Rs. Lac.)	TIME REQUIRED TO MOBILISE

(Strike out unutilised rows)

FROM OTHER SOURCES OF FUNDS

SOURCE	AMOUNT AVAILABLE TO BE INVESTED (Rs. Lac.)	TIME REQUIRED TO MOBILISE

(Strike out unutilised rows)

NOTE : Please check that the details are in tune with the investments required for the city chosen by you. It is expected of you to have the required funds with liquidity within one week of award of Franchisee rights*. All agreements shall be executed within this period.

* Subject to terms & conditions.

CHOICE CITY FOR FRANCHISE CENTRE

PROPOSED LOCATION WITHIN THE CITY

PLEASE EXPLAIN ON THE REASONS FOR CHOICE OF LOCATION

(Please give details regarding location, proximity to educational institutions / residential localities, and status of the neighbourhood etc.)



IN CASE THE ABOVE CITY / TOWN IS NOT AWARDED TO YOU FOR FRANCHISE OPERATION. WOULD YOU LIKE TO BE CONSIDERED FOR ANY OTHER CITY / TOWN?

- Yes No

IF YES, GIVE YOUR PREFERENCES

S.NO.	NAME OF THE CITY/TOWN	REASONS FOR CHOOSING THIS CITY/TOWN

CITY PREFERENCE FOR THE BUSINESS PRESENTATION AND MEETING

FIRST PREFERENCE : _____

SECOND PREFERENCE : _____

CURRENT INFRASTRUCTURE WHICH CAN BE MADE EXCLUSIVELY AVAILABLE FOR VISION FRANCHISE OPERATIONS

WHETHER HAVING ANY PREMISES

- Yes No

IF YES, NATURE OF PREMISES

- Owned Rental / Leased
 Single ownership Joint
 Multiple

IF CASE OF OWNED PREMISES, PLEASE FURNISH DETAILS OF THE SAME

HOW WILL YOU SOURCE YOUR CENTRE MANAGER, COUNCELLORS FOR CENTRE OPERATIONS

COVERED AREA (IN SQ. FT.) :

- | | |
|------------------------------------|---|
| <input type="checkbox"/> 1200-1500 | <input type="checkbox"/> 1500-2000 |
| <input type="checkbox"/> 2000-2500 | <input type="checkbox"/> More than 2500 |

NO OF FLOORS / STOREYS :

- | | |
|--|---|
| <input type="checkbox"/> Only Basement | <input type="checkbox"/> Basement + G.F. |
| <input type="checkbox"/> G.F. + F.F. | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Any other | |

WHETHER OFFICE IS READY FOR USE

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

CLASSROOM DETAILS (IF ANY)

No. of owned classrooms ready to use : _____

Covered area of each classroom : _____

DETAILS OF ADDITIONAL OFFICE INFRASTRUCTURE

- | | | |
|-----------|------------------------------|-----------------------------|
| Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fax | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Internet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MAJOR INDUSTRIES PRESENT IN THE AREA

IN CASE YOU ARE ALREADY ENGAGED IN THE IIT-JEE/AIEEEE/CPMT ENTRANCE EXAMINATIONS, PLEASE GIVE THE FOLLOWING DETAILS

Name of the institute : _____

Total no. of students enrolled in the previous year : _____

Total no. of students enrolled currently : _____

No. of students successful in IIT-JEE/AIEEEE/CPMT 2004 : _____

No. of students successful in Screening : _____

Total no. of faculty members : _____

Total no. of other staff : _____

Total no. of classrooms : _____

Total office area being used (sq. ft.) : _____

DECLARATION

I/we declare that the details and information provided by me / us herein above are true to the best of my / our knowledge and belief

DATE : _____

PLACE : _____

(SIGNATURE)

(FOR OFFICE USE ONLY)

MARKET POTENTIAL

FORM C - MARKET POTENTIAL ANALYSIS

(To help us know how well you understand the real potential of this business)

CITY / TOWN DETAILS

City / Town Name _____ Population in Lacs _____

Other satellite cities / town from where students regularly come for studies in schools, colleges, professional coaching institutes or entrance exam coaching institutes or can come.

_____ Population in Lacs _____

_____ Population in Lacs _____

_____ Population in Lacs _____

_____ Population in Lacs _____

ESTIMATED TOTAL NO. OF STUDENTS APPEARING IN ENGINEERING & MEDICAL ENTRANCE EXAMINATIONS FROM YOUR CITY IN THE PREVIOUS YEAR

MAJOR SCHOOL DETAILS

S.NO.	NAME	MEDIUM OF INSTRUCTION	STUDENTS STRENGTH (With PCM/PCB Subjects)		APPROX. NO. OF STUDENTS APPEARING IN ENTRANCE EXAMINATIONS	
			XI	XII	Engineering	Medical
TOT.						

MAJOR COLLEGE DETAILS

S.NO.	NAME	STUDENTS STRENGTH IN FIRST YEAR OF UNDERGRADUATION IN SCIENCE STREAM	APPROX. NO. OF STUDENTS APPEARING IN ENTRANCE EXAMINATIONS	
			Engineering	Medical
TOT.				

LIST THE MOST POPULAR ENGINEERING & MEDICAL ENTRANCE EXAMINATIONS IN YOUR CITY

NAME OF THE EXAMINATION	NO. OF STUDENTS APPEARING IN THE EXAMINATION	NO. OF STUDENTS EMERGING SUCCESSFUL

LIST THE EXISTING TRAINING INSTITUTES FOR IIT-JEE/AIEEE/CPMT IN YOUR CITY

S.NO.	NAME OF INSTITUTE	LOCATION	EXAMS FOR WHICH TRAINING IS IMPARTED	TOTAL STUDENT STRENGTH	AVERAGE FEE CHARGED	RANK AS PER POPULARITY

THE MARKET SIZE WHICH YOU AIM TO CAPTURE IN FIRST YEAR

COURSE	NO. OF STUDENTS/YEAR (A)	AVERAGE FEE (B) (Refer Feasibility Report)	MARKET SIZE (LACS/YEAR) (A x B)
Foundation Course for IIT-JEE [For class XI students]			
Fresher Course for IIT-JEE [For class XII students]			
Target Course for IIT-JEE [For class XII pass students]			
Crash Course for IIT-JEE [2 months Course]			
Foundation Course for AIEEEE/SLEEE* [For class XI students]			
Fresher Course for AIEEEE/SLEEE* [For class XII students]			
Target Course for AIEEEE/SLEEE* [For class XII pass students]			
Crash Course for AIEEEE/SLEEE* [2 months Course]			
Foundation Course for CPMT [For class XI students]			
Fresher Course for CPMT [For class XII students]			
Target Course for CPMT [For class XII pass students]			
Crash Course for CPMT [2 months Course]			
		TOTAL	

*SLEEE : State Level Engineering Entrance Examination

TERMS AND CONDITIONS

1. If applicant is selected for franchise operation, then an agreement shall be executed.
2. The appointment of franchisee is at the sole discretion of and no query shall be entertained in this aspect. Please note that any kind of recommendation will be considered as disqualification for franchisee.
3. On selection of applicant as franchisee, a site visit shall be made to ascertain the facts stated in the application form.
4. In all matters related to selection procedure of franchisee, the decision of the company shall be final and acceptable to applicant.
5. All disputes shall be subjected to kota jurisdiction only.

DECLARATION

I hereby declare that details and information provided by me herein are true to best of my knowledge and belief and I am filling up this form for being a franchisee of **VISION KOTA EDUCARE PVT. LTD**, in my own interest. Fo this I am enclosing a bank draft towards processing fee (non refundable) of application form. I have read and understood all the terms and conditions and the same are acceptable to me.

DATE : _____

(SIGNATURE)

PLACE : _____

NAME : _____