



**9. Building:**

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

**10. Infrastructure Details**

**No. of Classrooms:**

**No. of Computer Systems:**

**Office Equipment:**

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

**11. 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.	Nam of Govt/stat e/private Agecy	District	Courses	Target vs Achieve ment	Traine d Vs Place d	Avg Salary for youth	Reten tion %

Classification of the Place. Residential / Commercial / Educational	Distance from Bus stand and Railway station	Population of the Place	Familiar/Influence in the District/Town	Modes of Mobilization

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

Yes ( )

No ( )

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

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Please write in details what else you desire from us -----

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## **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:**