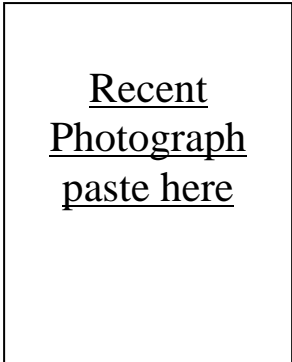


FRANCHISEE-APPLICATION FORM

**The Chairman /M.Director
AIECCNE,New Delhi.**



I/Shri.....

S/o.Shri.....

D.O.B.....

Resident.....

.....

Mob. No.(1).....(2).....

Name of Institute.....

Name of Study/Information Centre.....

Address of Study/Information Centre.....

.....

E.Mail.Address.....

Correspondence Add.....

.....

Here, Ideclare that the information furnished in this form for Establishment of Centre are true to the best of my knowledge and belief and will remain in force and be binding on me and my successor for the period of the Centre's association with the Sansthan.

Place :

Dated :

Signature of the applicant.