

## Business Franchise Application Form

📍 **Head Office : 302 3rd Floor Mithulok complex Khaitan lane  
West Boring Canal Rd., Patna, Bihar 800001**

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Application No: \_\_\_\_\_

Affix yourself  
attested  
Passport size  
Photograph  
Here

Applying For:  District Partner  Franchise

Note:-This form is to be filled by the application or in consultation with the main applicant and other key persons.

### PERSONAL INFORMATION (Please fill the form in CAPITAL LETTERS)

Applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ ( DD/MM/YYYY) Gender:  Male  Female

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

Town/city: \_\_\_\_\_ Block: \_\_\_\_\_ State: \_\_\_\_\_

Pin: \_\_\_\_\_ Phone (with STD Code): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email \_\_\_\_\_

Current Business Address: \_\_\_\_\_

Town/city: \_\_\_\_\_ Block: \_\_\_\_\_ State: \_\_\_\_\_

Pin: \_\_\_\_\_ Mobile: \_\_\_\_\_ Phone (with STD Code): \_\_\_\_\_

Your Business Goal/Ambitions: \_\_\_\_\_

**Qualifications:**

Degree/Diploma	University	Subject/Steam	%Marks	Year of Passing

**Business Experience (If any):**

Name of organization	Nature of Involvement (partner/ Franchise)	From (Year)	To (Year)	Turnover (In INR)	Profit(In INR)	Product/ Service	No. of Emps

**Work Experience (If Any):**

Name of organization	Designation	Annual salary	From (year)	To (year)	Nature of work	Product/ Service	No. of Emps

**Family Details:**

Name	Age	Relationship	Qualification	Occupation


## DECLARATION

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

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

(FOR OFFICE USE ONLY)

Application Status:  Complete  Incomplete

Remarks:

## INFRASTRUCTURE AND FINANCIAL INFORMATION

Note: This form is to be filled by the applicant only or in consultation with the main application and other key Persons.

### STRUCTURE OF THE BUSINESS ENTITY FOR FRANCHISE OPERATIONS

- Proprietorship Firm     Partnership firm     Private Limited Company  
 Public Limited company     other (please Specify \_\_\_\_\_)

### INVESTMENT CAPABILITY (IN INR LACS)

- 1-2     2-4     4-6     6-8

**PROMOTER'S DETAILS**

Name	Age	Proposed shareholding in franchise center	other Business Details	Whether worked somewhere Before

NAME OF NON PROMOTERS /KEY PERSONS BEING OFFERING PROFIT SHARING OR STOCK OPTIONS WHO ARE GOING TO BE FULLY COMMITTED TO THE OPERATIONS OF THE FRANCHISE CENTERE. <sup>®</sup>

Name	Age	Activities to be taken up at the Franchise Center

FINANCIAL STRENGTH (IN CASE OF EACH PROMOTER, PLEASE INDICATE THE AMOUNT TO BE INVEST)

**Funds from Own Sources:**

Name	Amount Available to Invest (In INR Lacs)	Time Required to Mobilize Funds(No. of Days)

**Funds from other sources:-**

<b>Name</b>	<b>Amount Available to invest (In INR Lacs)</b>	<b>Time Required to Mobilize funds (No. of Days)</b>

**CHOICE OF CITY FOR FRANCHISE CENTER:** \_\_\_\_\_

**PROPOSED LOCATION WITHIN THE CITY:** \_\_\_\_\_

**PLEASE ELABORATE ON THE REASONS FOR CHOICE OF LOCATION:**



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

YES     NO

If yes, please give you preferences:

S.No. in order of Preferences	Name of the city/Town/Block	Reason for choosing this city/Town/Block

CURRENT INFRASTRUCTURE, WHICH CAN BE MADE EXCLUSIVELY AVAILABLE FOR RUNNING CAREER VIEW FRANCHISE CENTER

Premises (Place to run franchise center) already available:

Yes  No

If yes, please provide nature of premises:

Owned Premises  Single ownership  Multiple Ownership <sup>®</sup>

Rented /Leased  Joint

CENTERLITY OF LOCATION &THE RATIONALE

(Please give details regarding location, proximity to markets/residential Localities, and status of the neighborhood villages etc.)



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DETAILS OF ADDITIONAL OFFICE INFRASTURE

Telephone: \_\_\_\_\_ computer: \_\_\_\_\_

Fax: \_\_\_\_\_ Internet: \_\_\_\_\_

## DECLARATION

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

Date: \_\_\_\_\_ name: \_\_\_\_\_

Place: \_\_\_\_\_ signature: \_\_\_\_\_

To apply, please submit a draft for Rs. \_\_\_\_\_ in favor of career view(p)ltd,patna,payable at Patna along with the application form at our at our head office ,Patna.

### Please Note:-

- Write on the reverse of the DD,"ENSKY INFOTECH PVT LTD "thereafter put your name, contact no.
- Retain a Photocopy of the DD submitted at our Head office for future reference.
- The application form cost is non-refundable and non-transferable.
- Before submitting the application form, please ensure that the form is completely filled and duly signed by applicant(s).

infotech Pvt.Ltd

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Application status:  complete  Incomplete

Remarks:

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