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(Authorised Person)

## FRANCHISE APPLICATION FORM

(PLEASE FILL IN BLOCK LETTERS)

ATC Code  Date of Registration

Category

1. Name of Institute/Centre/Organisation

Short Name

Year of Establishment  Locality/Place

Whether the institution is existing or new  Building (Own or Rental)

Total Area in Sq. Feet  Total Class Rooms-Theory  Lab

Centre Address

District

Pin code       State

Office Phone Nos. with STD code

Email ID  Website

2. Name of Authorised Person / Partner

Designation (Principal/Director/Managing Partner)

Residence Address

Personal Phone Nos. with STD code

Contact Person's Name & Phone Nos.

3. Present Strength of the institute  Working Hours

4. Number of Systems/Machinery, available in working condition for teaching.

5. Particulars of teaching staff with Name, Designation & Qualification.

Sl.No.	Name	Designation	Qualifications

6. Nature of courses offered if any, at present.

7. Whether the institute is affiliated with any other certifying body? (if YES, details in brief)

8. Details of Annexe/Branches (Name & Address)

9. Course List (Enclose a separate sheet listing Course Name, Duration, Eligibility with Syllabus for getting approval)

Sl. No	Course Name	Duration	Eligibility
001			
002			
003			
004			
005			
006			
007			
008			
009			
010			

**Note : Each ATC/Institute will get approval only for 10 courses under STED COUNCIL. If needs to add additional courses it can be done through a payment of Rs. 1000/- (One Thousand only) for each 5 courses. It's compulsory to display the Course Approval Certificate in front office.**

Sl. No	Course Name	Duration	Eligibility
011			
012			
013			
014			
015			
016			
017			
018			
019			
020			

## UNDERTAKING TO BE SIGNED BY THE HEAD/AUTHORISED PERSON

### Declarations :

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our institution/centre is free from any legal / official disputes whatsoever. I accept that any facts stated above, If found incorrect will automatically result in cancellation for nominations associate.

- a) I/We certify that the Authorised Person/Centre Head or any of its office bearers is not involved in any criminal case and or no case is pending against him/her.
- b) I/We undertake to verify and certify the forms of the candidates forwarded by us to the STED Council that they are eligible in all respects as per eligibility conditions laid down by STED Council.
- c) I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me of the above mentioned institute/organization to furnish the above informations and to undertake the above stated commitment on behalf of my/our institution.
- d) Understood rules & regulations as of now & amended in future applicable to the institute conducting STED Council or its collaborative partners courses explained in the franchise proposal for franchise and agreed to abided by the same.
- e) We promise to abide the rules & regulation amended from time to time. We also understand that if we do not abide the norms set by the STED Council, our membership/franchiseeship may be withdrawn and there will be no refunding of processing or other fees.
- f) I am aware that in case any information given by me is false or misleading, STED Council may in its sole discretion can take whatever actions or measures it deems necessary and appropriate and the institute would be debarred from the franchise.
- g) In case of any information furnished by me/us is found wrong or incomplete, I/We declare that the institute may be derecognized and is also open to any action as per law.
- h) I agree to abide the rules & regulations and the decisions taken by the management of STED Council from time to time.
- i) I/We understand that STED Council authority reserve the right to reject the application without assigning any reason.
- j) However I will have no right whatsoever to fight/challenge legally against the judgment in any court of law. All disputes are subject to Thiruvananthapuram jurisdiction only.

Signature of Authorised Person

Dated .....

Seal

Name .....

### Note:-

Centre is approved for ONE year only, subject to subsequent renewal.

Separate application & processing fee must be used for each institutional branch or centre.

**This Application and all related documents should be submitted to Inspection Officer at the time of Inspection or can be send to.**

STED COUNCIL, Central Administrative Office, First Floor, SB Tower, Sreemoolam Road, Mele Thampanoor, Thiruvananthapuram 695001, Kerala, South India. Ph : +91 7907821713, +91 9447132311, 0471-2323743.

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