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Paste one Photo Here (Head of the Institution)

FRANCHISE APPLICATION FORM

(PLEASE FILL IN BLOCK LETTERS)

ATC Code OFFICE USE ONLY	Date of Registration			
Category COMPUTER TECHNICAL	MANAGEMENT AYURVEDA OTHERS			
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	al Class Rooms-Theory Lab			
Centre Address				
District				
Pin code State				
Office Phone Nos. with STD code				
Email ID	Website			

2.	Name of Autho	rised Person / Partner					
	Designation (Principal/Director/Managing Partner)						
	Residence Address						
	Personal Phone Nos. with STD code						
	Contact Person's Name & Phone Nos.						
3.	Present Streng	th 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.						
	SI.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)
0	Courses peeds to be affiliated under STED COUNCIL

9. Courses needs to be affiliated under STED COUNCIL

SI. No	Course Name	Duration	Eligibility
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UNDERTAKING TO BE SIGNED BY THE HEAD

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) We certify that the Executive Head or any of its office bearers is not involved in any criminal case and or no case is pending against him/her.
- b) 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 (Head of the Organization)
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.

Send all related documents at:

STED COUNCIL, Central Administrative Office: First Floor, SB Tower, Sreemoolam Road, Mele Thampanoor, Thiruvananthapuram 695001, Kerala, South India. Ph: +91 9447713743, +91 9447132311, 0471-2323743.

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