

APPLICATION FOR THE ESTABLISHMENT OF JKS EDUCATION STUDY CENTRES

(ALL ENTRIES TO BE FILLED IN CAPITAL LETTERS ONLY)

Kindly fill in the form below and submit the same.

- 1) NAME OF THE STUDY CENTER :
- 2) CENTER HEAD / DIRECTOR'S NAME :
- 3) COMPLETE ADDRESS OF THE PROPOSED SIGHT :

BLOCK :		TEHSIL :	
DISTT :		STATE :	
PIN CODE :			

- 4) PH./ MOBILE (STD CODE) :
- 5) E-MAIL :
- 6) ESTABLISHMENT YEAR OF STUDY CENTER, SINCE :
- 7) TICK ON THE CLASS OF STUDY CENTERS :

- | | |
|--|---------------------------------------|
| 1) METRO CITY <input type="checkbox"/> | 2) BLOCK <input type="checkbox"/> |
| 3) DISTRICT <input type="checkbox"/> | 4) PANCHAYAT <input type="checkbox"/> |

- 8) TOTAL SPACE AVAILABLE IN THE STUDY CENTER (In Sq. Ft.) :

CENTER DETAIL	NO. OF ROOMS	AREA IN SQ. FEET
CENTER HEAD / DIRECTOR'S OFFICE:		
CLASS ROOMS:		
LAB ROOMS:		
LIBRARY ROOMS (IF ANY) :		
COUNCELLOR ROOM / RECEPTION:		
STAFF ROOM:		

- 9) PC'S AVAILABLE IN THE STUDY CENTER (Minimum No. 5):.....
- 10) ARE YOU PRESENTLY (Franchisee / Franchiser / NGO / Trust / Society / Pvt. Firms / Partnership Firm) FILL UP:

11) **NUMBER OF STUDENTS IN CURRENT SESSION :**.....

12) **STAFF DETAIL :**

	NO. OF FACULTIES	QUALIFICATION
1.		
2.		
3.		
4.		

DECLARATION

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

Place: _____

Signature: _____

Date: _____

For JKS Office use only:

Franchise Reference No: _____

Franchise Manager : _____ Signature: _____