



To,  
The Director HRD  
IPHL,  
Gandhi Nagar  
Bolangir - Orissa – 767001,  
India

Reference :  
Subject : Application for running IPHL Franchisee at :

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Dear Sir / Madam

We wish to Run IPHL Franchisee at the above mentioned Places. Therefore, we are herewith submitting the Applications Form in the prescribed format duly filled in together with the necessary enclosures. We will ready to submit the required Original documents at the time of Agreement.

We undertake to obey the guidelines of the IPHL from time to time. We assure to abide by all the rules and regulations of the IPHL and coordinate the Project so as to enhance the mutual reputation of the IPHL and our organisation.

Thanking you

Place :

Yours sincerely

Date :

Authorized Signatory with Designation and Seal



## IPHL FRANCHISE APPLICATION FORM

For IPHL's/ ICS / IIMT / IIRD / IPHL MEDIA

### GUIDELINES :

1. Please answer all questions. If you feel a particular question is not applicable please indicate "N.A".
2. In case of questions with multiple options please tick the appropriate ANSWER.
3. Whenever a name is asked for, please prefix it with Ms/Mr.
4. If a group of individuals are planning to jointly set up the centre please photocopy the page 2 of the application form, fill in the details of respective members and attach as separate sheets at the end of the application form.
5. If you can provide any additional information that will help us take a decision in your favour, please attach a separate sheet.

**Location of the proposed Center:** \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_

### **Address for Correspondence:**

Name of the Firm / Company / Society / Trust: \_\_\_\_\_

**Proprietary firm** ☐ **Partnership firm** ☐ **Society** ☐  
**Private Ltd company** ☐ **Public Ltd. Company** ☐ **Trust** ☐

Contact Person: \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

Pin code \_\_\_\_\_ State \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

**Registered address** \_\_\_\_\_

Pin Code \_\_\_\_\_ State \_\_\_\_\_

Phone : \_\_\_\_\_ Fax \_\_\_\_\_

Mobile # \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Payment Details:**

DD #: \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on \_\_\_\_\_ Amount \_\_\_\_\_

Organisation's Seal

Authorized Signatory

### **NOTE :**

Here ICS stand for IPHL Consultancy Services, IIMT stand for IPHL Institute of Management & Technology, IIRD stand for IPHL Institute of Rural Development. IPHL Media is upcoming news Channel of IPHL.



**SECTION I  
PERSONAL FACT SHEET**

1. Name: \_\_\_\_\_
2. Age : \_\_\_\_\_ Blood Group : \_\_\_\_\_ Height / Weight : \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Pin: \_\_\_\_\_ State : \_\_\_\_\_ Phone: \_\_\_\_\_

Recent  
Photograph

5. Educational Qualification ( beginning with the most recent ) :

Qualification	Year of Passing	Name of Institution

6. Current Occupation : (Please Tick)

- a) Service ☐      b) Business ☐      c) Both ☐

**To be filled in by those in service**

Name of current employer: \_\_\_\_\_

Designation : \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

Period	Organization Name	Designation	Responsibilities

**To be filled in by those in business :**

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products/ Services Offered	Years in Business	Number of people Employed	Turnover (Rs.)		
						Last 3 years		

7. Does your professional background involve any of the following? (Please tick the appropriate box)

- |                        |                          |                                    |                          |
|------------------------|--------------------------|------------------------------------|--------------------------|
| 1. Marketing Sales     | <input type="checkbox"/> | 2. Software Development & Training | <input type="checkbox"/> |
| 3. Teaching            | <input type="checkbox"/> | 4. Profit Center Management        | <input type="checkbox"/> |
| 5. Small Business Mgt. | <input type="checkbox"/> | 6. Use of Computers                | <input type="checkbox"/> |



## SECTION II THE PROPOSED CENTRE

1. How do you propose to set up the centre?

Proprietorship ☐ Partnership ☐ Private Limited ☐  
Public Limited ☐ Society ☐ Trust ☐

Is the Proprietorship / Partnership / Company / Already in existence?

a) Yes ☐ b) No ☐

If yes, what is the name of the Business / Firm/Company \_\_\_\_\_

2. How do you propose to set up the IPHL's Projects / ICS / IIMT / IIRD / IPHL MEDIA ?

a) Part of existing center ☐ b) New Center ☐

3. To start a new center approximately Rs. 100,000 – 700,000 depending open nature of IPHL Business / Division will be required. How do you propose to raise it? Depending on plan approved for desired location approximately 500-3200 sq.ft. ( tiled / carpet area) will be required.

Own Capital	%
Loans from financial institutions	%
Other Sources	%
If from other sources, please specify the source and attach a note on the background of the person(s).	

4. Do you already possess a site? Yes ☒ No ☐

5. a) If no, do you have a site in mind ☐ No ☐

Nature of agreement * Ownership/Rental / Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From :  To :		

**. Please provide a copy of agreement.**

If no, how long will it take to locate a site ? Month (s). \_\_\_\_\_

b) How do you think you will be able to contribute in terms of personal skills and attributes to make this enterprise a success?

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**SECTION III****DETAILS OF THE EXISTING INSTITUTES / COLLEGES**

( TO BE FILLED BY THOSE WHO ALREADY OWN COMPUTER CENTRES )

1. Please provide the following details :

Name of the Center	Years in Existence	Space Available	Location Commercial Area/Residential Area	Number of People Employed	Turnover	
					Last Financial Year	Total (since inception)

2. What are the courses offered at your centre ? ( Pl. provide a separate annexure with brochures if any )

Course Name	Duration		Fees (Rs)	Number Of Students Enrolled	
	Hours	Weeks		Last 12 Months	Total Since inception

3. What are the teaching aids available at your INSTITUTES / COLLEGES ?

Number of Computers				No of VCRs / VCPs / TVs	Alternative Power Supply	No of OHP / LCD
Multimedia Machine	Configuration ( P3 / P4 )	Nodes	Printers			

4. Please attach a note on the details of the Faculty / Professionals employed at your center

Name	Designation	Work Experience (years)			Computer Qualifications	
		Total	With you	Years of Computer Experience		



**SECTION IV**

**PROPOSED BUSINESS PLAN TO GENERATE REVENUE FOR THE IPHL GROUP OF ORGANISATION**

1. Please confirm the number of targeted Learning enrollments / Certifications / Placements for your center. No. of Learning enrollments:\_\_\_No. of Certifications\_\_\_\_\_No. of Placements \_\_\_\_\_
2. Please list the various activities you will carry out to achieve the Learning, Certification and Placement Targets.
3. Please list the proposed infrastructure you plan to deploy for IPHL's Learning, Certification and Placement. Proposed Infrastructure

4. Please attach the list of addresses of the Higher Secondary Schools in Your Location / Territory.

5. Please attach the list of addresses of the Higher Secondary Schools In Your Location / Territory.



**SECTION V**  
**DETAILS OF PROPOSED 20 LOCATIONS**

Please list the proposed 19 locations for setting up of IPHL Branch at your area / district

Sr. No.	Name of proposed Location	No. of Sr. sec. Schools	No. of. Colleges	No. of IT existing Training Institutes
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
What is the approximate No of Nationalized Bank & Private Bank at your Area / District ?				
What is the approximate population of your area / district ?				
What is the approximate literacy rate of your area / district ?				
What is the approximate No of Industries at your area / district ?				



**SECTION VI**

**PROPOSED MARKETING PLAN FOR SETTING UP SUB FRANCHISEE**

( Please attach extra sheet if required )

1. Please list the marketing activities you will carry out appoint the proposed 20-sub franchisees mentioned above.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. Please describe the various promotional and marketing activities you plan to support the sub franchisees

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

3. Please list the current and proposed Manpower and Infrastructure you plan to deploy to fulfill points 1 and 2 mentioned above. (Please specify the name of person)

a) Existing Manpower / Infrastructure

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Proposed Manpower and Infrastructure

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please confirm the number of targeted Learning Enrollments / Certifications / Placements for each of the sub franchisees.

No. of Learning enrolments: \_\_\_\_\_ No. of Certifications \_\_\_\_\_ No. of Placements: \_\_\_\_\_





## DECLARATION

1. I / We hereby certify that I / We shall remain the applicants and if there is any change in the composition of applicants before signing of agreement or opening of franchise centre. I / We hereby agree to get the new applicants as well as the new form of organization approved by ICS / IIMT / IIRD / IPHL MEDIA. I / We agree to the rejection of this application if the changes are not approved by ICS / IIMT / IIRD / IPHL MEDIA.
2. I / We agree that ICS / IIMT / IIRD / IPHL MEDIA. has the absolute discretion to accept / reject this application for any reason whatsoever and in the event of the rejection of this application; the fee submitted by us would be forfeited.
3. I / We certify that all information in this application form and on any attachments thereto is true and accurately represents my/our current and continuing financial conditions. I / We authorize ICS / IIMT / IIRD / IPHL MEDIA. to verify any information from whatever source it deems appropriate. I / We understand that any misrepresentation in this statement may result in rejection of this application.

( Name of Applicant )                      ( Signature )                      ( Date )

List of Enclosures :

01. Request letter in organization's letter pad. Addressee : Director Marketing, IPHL Group of Organisation
02. Three years Audit report
03. Three years Annual report
04. Organisation's Profile
05. Address proof of the organisation
06. Photo proof of the organisation
07. Photo identity proof of the authorized signatory Aadhar Card, Pan Card, DL, Voter I card
08. Address proof of the authorized signatory Bank account / Electric Bill / Telephone Bill / Rasan Card
09. 2 Passport size and 2 stamp size colour photograph
10. Duly filled application form



Additional Space :

Please use the space below to elaborate on answers for which you found the form allowed too little space

**NOTE :**

**Person(s) / Organisation(s) trying to influence will be automatically disqualifying, from selection procedure.**