



Photograph

### **Franchise Application Form**

Please fill in BLOCK letters:

**Date(DD/MM/YY)**\_\_\_\_\_

**Place Applied for** \_\_\_\_\_ **State** \_\_\_\_\_

**Products Applied for : All** \_\_\_\_\_ **or Single/Multiple Products** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Full Name( Mr/ Ms)**\_\_\_\_\_

**Full Address**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Pincode**\_\_\_\_\_

**Contact no:** Landline with STD code \_\_\_\_\_ **Mobile no** \_\_\_\_\_

**Email ID:** \_\_\_\_\_

**Educational Qualifications ( starting with the latest)**

Year	Qualification	Board, Institution, University	Major Subjects	Division



**Professional Qualification**

Year	Qualification	Institution, University	Major Subjects	Division

**Occupation** (*tick as applicable*) : Working professional/ Self Employed/ Home maker

**In case of Working Professional or Prior Work Experience,**

**Work Experience Details**

Duration	Organisation	Profile

**In case of Self Employed,**

**Applicant Status** (*tick as Applicable*) : Ownership/Partnership/Director

Firm Name	Place of Business	Nature of Business	Annual Turnover ( In Lacs)	Year of Establishment



**Personal Information** ( Fill whichever Applicable)

**Applicant's Date of Birth:** Day\_\_\_\_\_ Month\_\_\_\_\_Year\_\_\_\_\_

**Marital Status:**

**Married (Yes/No)**\_\_\_\_\_

**If yes, No. of children** \_\_\_\_\_**Age of Children**\_\_\_\_\_

Relationship	Qualification	Profession
Father		
Mother		
Husband/Wife		
Others (pl specify)		

**Family Background**

**Location Details** (tick as applicable)

**Site in Proceession:** Yes / No

**If Yes ,**

**Site Title** : Owned / Leased / Family owned

**Site Status** : Residential / Commercial / Institutional

**Site State** : Constructed / Plot / Semi Constructed

**Total Area** \_\_\_\_\_**Sq ft**

**Covered Area**\_\_\_\_\_sq ft



Period required for setting up eTech: \_\_\_\_\_ months

Site Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Pin Code \_\_\_\_\_

If No,

Period required to arrange the site : \_\_\_\_\_ months

**Investment Details** *(tick as applicable)*

**Franchise Status :** Proprietorship / Partnership / Company / Trust / Society

**Investment Mode:** Personal / Loan ( \_\_\_\_\_ %)

I would like to associate with eTech because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I came to know about ETECH through** *(tick as applicable)*

Newspaper / TV commercial / Magazine / Website / Friend / Others *(pl specify)* \_\_\_\_\_



### References

1.    Name\_\_\_\_\_
- Address\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Occupation\_\_\_\_\_
- Contact Nos\_\_\_\_\_
- Relationship\_\_\_\_\_
- Span of relationship(yrs)\_\_\_\_\_
  
2.    Name\_\_\_\_\_
- Address\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Occupation\_\_\_\_\_
- Contact Nos\_\_\_\_\_
- Relationship\_\_\_\_\_
- Span of relationship(yrs)\_\_\_\_\_

I hereby declare that the information mentioned above is true to my knowledge

**Applicant Signature**

**Place**\_\_\_\_\_