SVBP GROUP Of INSTITUTIONS

FRANCHISE APPLICATION FORM

Corporate Office: Shantipuram, Prayagraj, Uttar Pradesh

Zonal Office: Akbarpur Saraydeena, Post Badgaon, Soraon, Prayagraj, Uttar Pradesh – 212502

Application No.	_____	**Date**	_____
Branch Name	_____	**Branch Code**	_____
Proposed Branch Address	_____		
District	_____	**PIN Code**	_____
Director/Applicant Name	_____	**Mobile No.**	_____
Father's Name	_____	**Mother's Name**	_____
Permanent Address	_____		
City	_____	**State**	_____
Email ID	_____	**Alternate Mobile**	_____

COURSE / PROGRAMME DETAILS

1	**BEMS**	Bachelor of Electro-Homoeopathic Medicine & Surgery
2	**MDEH**	Master Diploma in Electro-Homoeopathy
3	**CMSED**	Certificate / Diploma Programme
4	**ADCA**	Advanced Diploma in Computer Applications
5	**DCA**	Diploma in Computer Applications
6	**BEAUTICIAN**	Beautician / Beauty & Wellness
7	**EMT**	Emergency Medical Technician
8	**DMLT**	Diploma in Medical Laboratory Technology
9	**BNYS**	Bachelor of Naturopathy & Yogic Sciences
10	**POLYTECHNIC**	Polytechnic Programmes
11	**MBA**	Master of Business Administration
12	**MCA**	Master of Computer Applications
13	**BTECH**	Bachelor of Technology
14	**MTECH**	Master of Technology
15	**MSW**	Master of Social Work
16	**BSW**	Bachelor of Social Work

Note: Applicant may select the programmes proposed to be offered at the franchise centre, subject to applicable institutional rules, approvals and eligibility requirements.

SVBP GROUP Of INSTITUTIONS

FRANCHISE APPLICATION – DECLARATION & OFFICE USE

CONTACT / EMAIL INFORMATION

Corporate Office	Shantipuram, Prayagraj, Uttar Pradesh
Zonal Office	Akbarpur Saraydeena, Post Badgaon, Soraon, Prayagraj, Uttar Pradesh – 212502
Website	svbpgroup.in
Email ID	info@svbpgroup.in
Mobile No.	6390115676 / 9250945675
One-Time Franchise Fee	■11,000 (as provided for this application form)

DECLARATION BY APPLICANT

I hereby declare that the information furnished in this Franchise Application Form is true and correct to the best of my knowledge. I agree to comply with the rules, regulations, academic/administrative requirements and instructions of SVBP GROUP Of INSTITUTIONS applicable to the franchise centre. I understand that submission of this application does not by itself constitute final approval or authorization to operate a franchise centre.

Proposed Courses	_____		
Infrastructure / Premises Details	_____		
No. of Classrooms	_____	**Office Area**	_____
Computer / Lab Facility	_____	**Library**	_____
Staff / Faculty Available	_____		
Applicant Remarks	_____		

Applicant Signature	Director / Authorized Signatory	Office Use / Seal
_____	_____	_____
Date: _____	Date: _____	Date: _____

For Office Use: Application Status: ■ Approved ■ Pending ■ Rejected Franchise Code: _____