



Sunlight Skills

Registered under Companies Act. 2013, Ministry of Corporate Affairs, Govt. of India

An ISO 9001 : 2015 Certified Company

Franchisee Form

For Office Use Only

Centre Code : _____ Date of Agreement : _____

Verified By : _____ Signature : _____ Date : _____

Name of Organization : _____

Name of Authorized Person : _____

Gender Male ☐ Female ☐

Nationality :

Recent Photo of the
Authorised Person

Signature of Client (in box)

Corresponding Address: _____

Permanent Address: _____

Locality : _____

Locality : _____

City : _____ District : _____

City : _____ District : _____

State : _____ Pin Code : _____

State : _____ Pin Code : _____

Contact No. _____

Contact No. _____

WhatsApp No. _____

Email ID : _____

Types of Premises Own ☐ Leased ☐ (If leased, please attach the leased copy)

Infrastructure Details :

Name	No.	Seating Capacity	Area (In sqft)
Theory Class Room			
Computer Lab			
Library		Total No. of Reference Books	
Font Office			
Director's Office			
Visitor's Area			

Other Infrastructure Details

Drinking Water

: Yes ☐

No ☐

Wash Room

: Yes ☐

No ☐

Separate Wash Room For Girls

: Yes ☐

No ☐

Notice Board

: Yes ☐

No ☐

Complaint / Suggestion Box

: Yes ☐

No ☐

CCTV Cameras

: Yes ☐

No ☐

Hardware / Software Details

Item's Name	No.	Configuration / Details
Desktop / Laptop		
Printer		
Scanner		
Projector		
Biometric Device		
Internet Connectivity		
Software		

Human Resource Details :

Sr. No.	Name	Designation	Qulification	Experience	Contact No.
1					
2					
3					
4					
5					
6					
7					

Name & Signature

Date