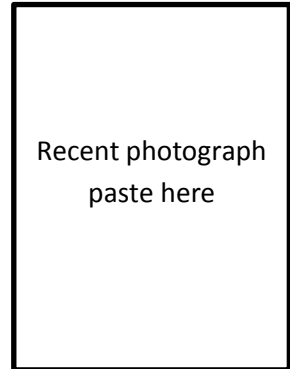


# FRANCHISEE-APPLICATION FORM

**The Chairman /Managing Director/President  
IACT**



I.....

S/o or D/o .....

D.O.B:.....

Address:.....  
.....

Contact No.(1).....(2).....

**Name of Institute:** .....

**Address of Institute:** .....

**E-mail ID:**.....

Here, I .....declare that the information furnished in this form for Establishment of Centre are true to the best of my knowledge and belief and will remain in force and be binding on me and my successor for the period of the Centre's association with the IACT.

Place : .....

Dated :.....

Signature of the applicant.