



Dear Sir/Madam,

Thank you for your interest shown in our Franchise Scheme.

You are requested to download the Franchise Request Form and posted it to our address given below or e-mail the form, duly filled, to our e-mail id also given below.

For Any Clarifications You May Contact Our Administrative Office At The Address Given On This Page:

FRANCHISE REQUEST FORM

Is your application for a

() Single Centre Franchise Or () Multiple Centre Franchise
(Please tick as applicable)

Applicant

Company / Firm Name	<input type="text"/>
Contact Person Name	<input type="text"/>
Postal Address:	<input type="text"/>
City/Town	<input type="text"/> State <input type="text"/> Pin <input type="text"/>
Telephone Number	<input type="text"/> <input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>

INFRASTRUCTURE DETAILS

Please Tick Whichever Is Relevant

- 1) Are your premises in a Residential or Commercial Area?
Residential / Commercial
- 2) Is it owned by you?
Yes / No
- 3) The Sq. feet area within which you plan to start a Classroom:
() **sft.**
- 4) Who will look after the Centre?
Myself / Family Member / Administrator
- 5) What income-group of people resides within 3 Kms radius from where you intend to start the centre?
High / Middle / Lower Middle / Mixed
- 6) Are you opening a **Single Franchise Centre** or **Multiple Franchise Centers**?
- 7) Location/s of your Centre/s
(.....)

www.Classroom.net.in



GENERAL

1. Why are you interested in setting up a Classroom?
Please detail in a few sentences.

Classroom

493/C/A, G.T Road (S). Vivek Vihar, Phase- II, Bl- H,
Shop No: 02, Opp: Corporation Bank
Howrah: 711102.
Phone: +91-33-26374356
Email: info@classroom.ind.in