PRAGTI EDUCATION AND WELFARE SOCIETY

Appy for Franchise/Partner/Training Center

Apply For	❑ **Bussiness Partner** ❑ **Franchise** ❑ **Traninig Center**
Institute Name	
Director Name	
Mobile No	
Email ID	
Complete Address	
City	
State	
Website	
Space Available	
Investment Capacity	❑ **Below 50000** ❑ **50000 To 100000** ❑ **100000 To 150000** ❑ **150000 To 200000** ❑ **250000 To 300000** ❑ **300000 To 350000** ❑ **350000 To 400000** ❑ **400000 To 450000** ❑ **450000 To 500000** ❑ **Above 500000**

It is agreed by Applicatnt:

1. All the above given information are corrent.
2. If any thing is wrong Applicant is responsible for that.

Company Stamp Seal **Applicant Signature**