



# SSSGM Society

35/2, Chandra Shekhar Azad, City Jhansi-284002

# PMKVY

प्रधानमंत्री कौशल विकास योजना

## Franchise Registration Form

(All the information required to fill in capital letters only)

### CENTER DETAILS:-

Training Center Name: \_\_\_\_\_  
Name of Center Single Point of Contact (SPOC): \_\_\_\_\_  
Contact No. of SPOC: \_\_\_\_\_  
E-Mail ID of SPOC: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Street Name : \_\_\_\_\_ Landmark: \_\_\_\_\_ State : \_\_\_\_\_  
District/City: \_\_\_\_\_ Parliament Constituency: \_\_\_\_\_  
Sub District/ Tahsil/ Mandal: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
Name of Center Principal/Director: \_\_\_\_\_  
Contact No. of Center Principal/Director: \_\_\_\_\_  
E-Mail Address of Center Principal/Director: \_\_\_\_\_  
Address Proof (Incorporation Certificate, Telephone Bill, Electricity Bill, Service Tax Registration, Rent Agreement if the TC is on rent/lease.): \_\_\_\_\_

Authorized  
Person  
Passport Size  
Photo

### Declaration

I .....S/O ..... hereby declare that all the above information given by me are true to best of my knowledge, in case any information is being found incorrect or misleading or if I am not be able to fulfil the eligibility criteria before stipulated time as per norms, my franchise process would stand void and my franchise shall be liable to be cancelled. I in the said case I shall not be entitled to refund of any fee paid by me.

**Date:**

**Place:**

**Authorised Signatory**

**Note-** Address Proof will be attached with this form.