



Franchise Application Pack

Application Form Booklet

Abroad Unified Pathway Program (AUPP)

AUPP

Level 2, 399 Lonsdale Street, Melbourne, Victoria 3000, Australia

E-mail: info@aupp.education

A venture of

Australian Technical and Management College, Melbourne

www.atmc.edu.au



APPLICATION FORM

INSTRUCTIONS

1. THIS PACK CONTAINS THE FOLLOWING FORMS:

Form A: To be filled by Promoters, Partners / Directors and other key persons (if any) who would be committed to the day-to-day operations of the franchise centre.
2. Please attach supporting documents wherever asked for or necessary.
3. Please use separate sheets wherever required.
4. Photocopy of this Application Form is also acceptable.
5. Submission of this application form does not guarantee the approval of Franchisee. The Franchiser has the right to reject or accept the application form for whatsoever reasons.
6. Please do not leave any clause/ column blank. Mention 'No' or 'NA', if and wherever applicable.
7. The last date for receipt of completed Franchise Application Pack is _____
8. The completed pack marked '**CONFIDENTIAL**' with all the enclosures should be couriered to the following address or you can send us the scanned form on our email address director@aupp.co

AUPP- India Office
8-E, Vandhana, 11-Tolstoy Marg,
Connaught Place, New Delhi- 110001



Form A

1. **NAME (FULL IN BLOCK LETTERS):** _____
2. **FATHER'S / HUSBAND'S NAME:** _____
3. **COMPLETE POSTAL ADDRESS :** _____
CITY / TOWN : _____
DISTRICT : _____
STATE : _____
PIN : _____
4. **CONTACT DETAILS :** Tel. Off. _____ Res. _____ Mobile: _____
Fax: _____ e-mail: _____
5. **DATE OF BIRTH :** _____
6. **Have you gone through AUPP Details :** YES / NO
7. **PAST BUSINESS/ EMPLOYMENT EXPRERIENCE (if any)**

NATURE OF INVOLVEMENT (Prop./Partner/ Director or Designation)	NAME OF ORGANIZATION	NATURE OF BUSINESS	NATURE OF WORK	YEAR		PRODUCTS	NO. OF EMPLOYEES
				(From)	(To)		

8. PLEASE ELABORATE THE REASONS FOR BECOMING A PART OF AUPP GROUP



9. CHOICE OF CITY FOR FRANCHISEE

10. PROPOSED LOCATION WITHIN THE CITY (Complete Address)

11. CURRENT INFRASTRUCTURE, WHICH CAN BE MADE EXCLUSIVELY AVAILABLE FOR AUPP OPERATIONS

a. WHETHER HAVING ANY PREMISES

Yes No

b. IF YES, NATURE OF PREMISES

Owned Rented

c. COVERED AREA (In Sqft.):

- Less than 3000
- 3000 – 5000
- 5000 and above

d. WHETHER SITE IS READY FOR USE

Yes No

e. CLASSROOM DETAILS (IF ANY)

No. of classrooms ready for use : _____

Covered area of each classroom : _____

12. IN CASE YOU ARE ALREADY ENGAGED IN THE TRAINING OF STUDENTS FOR, PLEASE GIVE THE FOLLOWING DETAILS

Name of the institute : _____

Total no. of students enrolled in the previous year : _____

Total no. of students enrolled currently : _____

DATE : _____ SIGNATURE: _____

PLACE : _____ NAME : _____



(FOR OFFICE USE ONLY)

1. Date of receipt of application form _____
2. Enclosures, if any not received _____
3. Follow-up of the above _____
4. Matters to be followed-up with franchisee _____
5. Franchisee centre selected _____
6. Franchise agreement finalised date _____
7. Remarks, if any _____

8. Approved and signed with date _____