



## Franchise Application Pack

### Application Form Booklet

# Abroad Unified Pathway Program(AUPP)

#### **AUPP**

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

**Australia**

**E-mail: [aupp@atmc.edu.au](mailto:aupp@atmc.edu.au)**

**A venture of**

**Australian Technical and Management College, Melbourne**

**[www.atmc.edu.au](http://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](mailto:director@aupp.co)

**AUPP- India Office**  
C/o ATMC (India Office),  
1497, Wazirnagar, Kotla Mubarakpur,  
New Delhi- 100003  
India



**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 EXPERIENCE (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**

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**9. CHOICE OF CITY FOR FRANCHISEE**

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**10. PROPOSED LOCATION WITHIN THE CITY (Complete Address)**

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**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 : \_\_\_\_\_



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**(FOR OFFICE USE ONLY)**

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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 \_\_\_\_\_