Appl	icant Information		
•	Full Name:		
•	Age: Gender: □ Male □ Female □ Other		
•	Contact Number: Email Address:		
•			
•	Current City & State:		
•	Country:		
Prof	essional & Business Background		
•	Current Occupation/Business:		
•	Company/Organization Name:		
•	Business Address:		
•	Years of Business/Management Experience:		
•	Have you worked in Overseas Job/Education/Recruitment sector before? \square Yes \square No		
•	If yes, please provide details:		
Fran	chise Interest		
•	Preferred Franchise Location/City:		
•	Do you already own office space? \square Yes \square No If Yes, please mention area (sq. ft):		
•	Investment Capacity (in INR/USD):		
•	Franchise Type Interested In: ☐ Single Office ☐ Regional Franchise ☐ State/Master Franchise		
Ope	rational Capability		
•	Staff/team you can dedicate for operations:		
•	Marketing/Student/Jobseeker sourcing channels you have:		
•	Network with: ☐ Colleges ☐ Training Institutes ☐ Overseas Employers ☐ Recruitment Agencies ☐ Other:		
Addi	tional Information		
•	Why are you interested in our Consultancy franchise?		

•	How soon are you planning to s \Box Immediately \Box 3-6 Months \Box	start? □ 6-12 Months □ More than 1 Year	
Declaration I confirm that the above information is true and correct.			
Signat	ture:	_ Date:	