



FRANCHISE APPLICATION FORM

This questionnaire is designed to help with preparing and presenting personal information for the confidential use of our Franchising Department. The completion or submission of this report places no continuing obligation on either party. ***This is not a contract.***

Personal Data

Name:	
Company Name: Company Address:	
Business Telephone:	
Website:	
Mobile:	
Email:	
Residence Address:	
Residence Telephone:	
Date of Birth:	Age:
Marital Status: Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>

Education and Skills

Particulars	Medium	College	Year of Passing	Percentage Obtained
10 th				
12 th				
Graduation				
Any Other Qualification				

List all your skills relevant to the Abroad Education Business:

Have you studied abroad? _____

If yes, then from which University / College & the Country you have studied from?

Present Employment / Business

Current Occupation and Employer:	
Position / Title:	
Employer Address:	

Describe your duties (including number of employees supervised)

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Previous Work Experience

Name of The Employer / Own Business	Date of Joining	Date of Leaving	Period of Employment	Phone No.	Designation	Salary Drawn / Annual Profit

Reason for Leaving the Job / Own Business

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Specifically, please let us know the following

Your fluency in English Communication:

	Poor	OK	Good	Excellent
Reading				
Writing				
Speaking				
Listening				

Your Computer skills and knowledge of:

	Poor	OK	Good	Excellent
Excel				
Word				
Power Point				
Internet/Web Surfing				
Social Media				

Do you have any experience of running any franchisee business or any service activity?

Yes No

If Yes:

A) What is the nature of the activity?

B) No of years you have been operating?

C) City where you have operated?

D) In what capacity you have operated?

E) Are you still continuing with the activity or stopped?

What are your Strong and Weak Points?

Strong Points:

Weak Points:

Information on Krishna Consultants

How did you come to know about Krishna Consultants?
Briefly state why you have selected Studies Abroad Consultancy Business.
Why do you believe Krishna consultants will be the right Franchisor for you?
If approved as a Franchisee, how soon you want to make it operational?

Operational Information

Would this business be your sole source of income? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to personally operate the business? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, whom will you nominate to perform day-to-day business functions?
Details of Office Technical Equipment available like, Computers, Internet etc.
Are you involved in any other activity? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, What other Activity?

References: Two Business References

Business References 1

Name:

Designation:

Organization:

Address:

Phone no. with STD code:

Email id:

Business References 2

Name:

Designation:

Organization:

Address:

Phone no. with STD code:

Email id:

Please express your point of view on Franchisee of Studies Abroad for your City in 200 words. (Use additional paper if required).

Business Plan & Survey

You may be new or experienced to this Industry, we still recommend you to gain the market awareness by analyzing the potential of proposed city/market by undertaking the survey on following: -

- Population of your city:
- Total Universities/colleges in your city:
- Popular study destinations in your region:
- Total No. of Studies Abroad Consultants in your city:
- Your estimate of No. of students going for higher studies abroad per year from your city:
 - For PG: _____ UG: _____
- Your estimate of No. of students you can recruit for Fall / Spring 2019 / 2020 intake:

We need you to elaborate on how you will operate the franchisee business in your city, and how you will source students?

Also you should make survey of at least 5 - 8 other study abroad consultants to understand the working and prepare the Report in the following format.

Sr. No.	Date of Visit	Name of the Consultant Visited	City	No. of Institutions represented by them	Course Enquired for	Institutions suggested by them	Whether any service fee chargeable (if Yes – How much)

Please fill in the questionnaire completely and send it back to us along with the filled Business Plan and Survey to proceed further.