

REGIONAL TRAINING CENTRE (RTC) APPLICATION FORM

A) PERSONAL DETAILS

1. **Full Name (In Block Letters):** _____

2. **Complete Postal Address :** _____

City / Town : _____

District : _____

State : _____ **Pin:** _____

3. **Contact Details :**

Tel. Off. _____ **Res.** _____

Mobile: _____ **Fax:** _____

E-Mail: _____

4. **Qualifications**

Degree/Diploma/ Certificate	University/Institution	Subjects	Year of Passing	%

5. **Business / Employment Experience (if any)**

Designation	Name of Organization	Nature of Business	Period of Employment	
			From	To



B) ORGANIZATION DETAILS

1. **Name of the Franchisee Organization** _____

2. **Structure of the Business Entity for Franchise Operation**

- Proprietorship Private Limited Company
 Partnership Firm Public Limited Company

3. **Promoters / Directors/ Partners Details**

Name	Age	Proposed Share Holding In Franchise	Other Business / Employments	Nature Of Duties & Responsibilities

4. **Names of non-promoters / non-directors/ non-partners/ key personnel who are going to be fully committed to the operation of the franchise centre**

Name	Age	Activities To Be Taken Up At The Centre

5. **Please elaborate the reasons for getting into this business**

6. **Business References: Companies with whom you have done business**

Name	Age	Organization	Contact No.



C) DETAILS FOR MIE REGIONAL TRAINING CENTRE (RTC)

1. Choice of city for franchisee _____

2. Proposed location within the city

Complete Postal Address: _____

City/Town: _____

District : _____

State : _____ Pin : _____

3. Please elaborate on the reasons for choice of location

- * _____
- * _____
- * _____
- * _____

4. In case you are already engaged in the training of students, please give the following details

- * Name of the institute : _____
- * Total no. of students enrolled in the previous year: _____
- * Total no. of students enrolled currently : _____
- * Average Course Fee : _____
- * No. of students placed : _____
- * Total no. of faculty members : _____
- * Total no. of counselors : _____
- * Total no. of classrooms : _____
- * Total office area being used (sq. ft) : _____

6. Current infrastructure, which can be made exclusively available for MIE operations

- A. Whether having own premises Yes No
- B. If yes, nature of premises Owned Rented
- C. Covered area (in sq ft.):
Less than 1000 1000 - 2000 Greater than 2000
- D. Can you have tie-up with nearby school/college for additional classrooms?
Yes No



7. Centre Staff Details

Staff Name	Staff Role Eg. Faculty, counsellor, assessor	CV attached	
		Yes	No

8. Indicate below which MIE Courses you wish to offer at the chosen RTC.

- | | | | |
|-----------------------------|--------------------------|----------------------|--------------------------|
| English Language Skills | <input type="checkbox"/> | Retail Operations | <input type="checkbox"/> |
| Customer Service Operations | <input type="checkbox"/> | Sales Management | <input type="checkbox"/> |
| Employability Skills | <input type="checkbox"/> | Marketing Management | <input type="checkbox"/> |

I declare that the above details and information provided by me are true to the best of my knowledge and belief. I accept that MIE Educational Services Pvt Ltd. will hold and process the information provided and may use it for any purpose deemed relevant to the qualification. MIE reserves the right to suspend or withdraw centre approval recognition if information contained with this application is incorrect or if the centre fails to adhere to the approval criteria.

Signed:		Job Title:	
Full Name:		Date:	