



GST CENTRE[®] APPLICATION FORM

*Latest Passport Size
Photo of the Person*

Why do you want to join with GST CENTRE[®]?

Name **Mr. / Ms.**.....

Resi. Address

.....

.....

Pin Code

City

District

State

Signature

1. PERSONAL DETAILS (TO BE FILLED FOR FRANCHISEE / ASSOCIATE)

SI No.	Particulars	Details
1	<i>Name</i>	
2	<i>PAN</i>	
3	<i>City</i>	
4	<i>State</i>	
5	<i>Father's / Husband's Name</i>	
6	<i>Date of Birth</i>	
7	<i>Mobile No.</i>	
8	<i>E-mail ID</i>	
9	<i>Phone No. with STD Code.</i>	
10	<i>Educational Background</i>	
11	<i>Occupation (Professional / Business /Employed) Give Details</i>	
12	<i>Experience in Educational Industry (Training Institute / Faculty / Other)</i>	
13	<i>Whatsapp No. if any</i>	
14	<i>Proposed Investment</i>	

2. FOR ASSOCIATE PARTNER (FRANCHISEES DO NOT FILL THIS FORM)

SI No.	Particulars	Details
1	<i>Organization Name</i>	
2	<i>Status:- Proprietorship / Partnership / Company / Trust / Other</i>	
3	<i>PAN of the Proprietor or Organization (Partnership / Company / Trust / Other)</i>	
4	<i>GSTIN of the Organization</i>	
4	<i>Address</i>	
5	<i>Nature of Business</i>	
6	<i>Mention the main courses conducted.</i>	
7	<i>Year of Constitution</i>	
8	<i>Any accreditation / certification for the organization</i>	
9	<i>Website if any</i>	
10	<i>No. of Branches / Offices</i>	
11	<i>Location of Branches / Offices</i>	
12	<i>Experience in Education Business</i>	
14	<i>Proposed Investment</i>	

3. INFRASTRUCTURE FACILITIES

LOCATION WITH ADDRESS

DISTRICT:- -----

STATE:-----PIN CODE:- -----

<i>SI No.</i>	<i>Facility</i>	<i>Sq. Ft. Available</i>
1	<i>Total Space Available (Sq. Ft.)</i>	
2	<i>Front Office for Counselling Students(Sq. Ft)</i>	
3	<i>Classroom – Students Seating Capacity (Sq. Ft.)</i>	
4	<i>Computer Lab (Sq. Ft.)</i>	
5	<i>Wash rooms (Yes / No)</i>	

<i>SI No.</i>	<i>Particulars</i>	<i>Details</i>
1	<i>Laptops / Computers Available</i>	
2	<i>Printer, Speakers etc.</i>	
3	<i>Projector & Display Screen. (optional)</i>	
4	<i>Scanner</i>	
5	<i>UPS / Power Back up System</i>	
6	<i>Drinking Water, First Aid Kit</i>	

* For conducting Exams, we need Laptops only.

GST CENTRE – FRANCHISEE / ASSOCIATE

(Please put a tick mark for Franchisee / Associate.

For more details, visit www.gstcentre.in –Partner Page)

Category	License Fees	Account Opening	GST	Total Amount	SELECT
FRANCHISEE	50,000/-	10,000/-	9,000/-	69,000/-	
ASSOCIATE	20,000/-	5,000/-	3,600/-	28,600/-	

*Account Opening is Advance Royalty paid by the Applicant.

SI No.	Particulars	Details
1	Date of Payment	
2	Amount Paid	
3	Mode of Payment	
4	Bank / Cheque / Transfer Details	

DOCUMENTS REQUIRED

SI No.	Document	Remarks	Enclosed?
1.	Application Form	Completely Filled and with Sign & seal of the Authorized Signatory.	
2.	Tax Receipt / Municipality Registration Certificate / Electricity or Light Bill	Any one Document Required for Building Address Proof	
3	PAN Card	For Proprietor / Partnership Firm / Company / Other	
4	ID Proof of the Authorized Signatory.	Copy of Adhar Card / Voter ID Card / Passport of Proprietor.	
5	Photographs of the Centre	a)For Approach Road b)Front Side c) Entrance d) Class Room, e) Computer Lab etc.	
6	Rent Agreement*	Only if Space is on Rental	
7	Proof of Payment of Amount	NEFT / RTGS Acknowledgement / Deposit Slip.	

DECLARATION

We understand that the Centre involves dedicated time, effort and energy and I undertake to

- Develop the Centre allotted and to conduct Courses as per rules and guidelines.*
- Follow the systems and Standard Operating Procedures of the Brand.*
- Undergo the Training and ensure that all the staff recruited by us and undergo the trainings.*
- Use the products / services specified and supplied by the Brand.*

I hereby confirm that the above information is true and complete to the best of my knowledge and belief. If any of the information is found incorrect, I / We understand that my application will be rejected. I recognize that this application is in no way binding upon either party and that is not in any way obligated to grant GST CENTRE ® to us because of our execution of this document.

Place:-

Name & Signature:-

Date:-

Designation:-

INSTRUCTIONS

- If the space provided in the above column is insufficient, then you could add additional sheets.*
- The above given information will remain with us in strict confidence.*
- Send your completed Application Form with all documents to*

**Topmans Education And Career Horizons (P) Ltd., (TEACH)
Registered Office**

Max Medics Building, Opp. St. George Basilica, Angamaly P.O.,
Ernakulam District, Kerala, INDIA – 683 572.

E-mail Id:- partner.gstcentre@gmail.com

Phone: 9999-697-229 / 9809 999 333

- Softcopy of the Application Form and Documents should be sent to partner.gstcentre@gmail.com*
- Hardcopies of Application and documents should be sent to the above address.*
- All documents should be signed by the Authorized Signatory with Official stamp and seal.*
