



# Council for Technical Development Continuing Academic Educational and Scientific Studies

कौन्सिल फॉर टेक्निकल डेवेलोपमेंट कंटिन्युइंग अकादेमिक एजुकेशनल एंड साइंटिफिक स्टडीज़



## Franchisee Application Form

### 1. Name of the Institution


### 2. Name of the Director / Principal:


### 3. Address


### 4. Mobile No

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### 5. Email ID & Website:


### 6. Institution Overview

Name of the Centre	Institute Overview	Courses Offered	Annual Turnover (last 3 years)

### 7. Do you have any other centre? If yes Explain.

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### 8. Explain your professional background?

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### Central Administrative Office :

Near IGBT, Sree Hari Buildings, Manjeri – 1, Malappuram, Kerala

Phone : +91 99611 20007/04/09,956250006/08,9447685697 Email : [ctdsindia@gmail.com](mailto:ctdsindia@gmail.com), Website : [www.ctds.in](http://www.ctds.in)

**9. Building:**

Owned/Rented /Leased	Carpet Area	Name of the Owner	Period of Agreement

**9. Infrastructure Details**

**No. of Classrooms:**

**No. of Computer Systems:**

**Office Equipment:**

**Faculties Details (name , qualification & Experience) :**

**10. Do you have any experience in executing the placement linked skill development training programs? If any.**

Year	Own/Franchisee Specify Trg Partner name If franchisee.	Name of Govt/state/ private Agency	District	Courses	Target vs Achievement	Trained Vs Placed	Avg Salary for youth	Retention %

**11. Do you have any other franchisee (please tick) Yes ( ) No ( )**

(if Yes ) Name of franchisee provider .....

**12. Information you got about CTDS : Direct Enquiry ..... or Recommended by .....**

**DECLARATION**

I hereby certify that the context stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for franchisee.

Name (Head of the Organization):

Designation & Signature with seal:

Date & Place: