



ऋषिकुल योगपीठ

Organized by : SCS with QCI Membership No. CORP/EDU/6064/2018
Regd. with : Ministry of Micro, Small & Medium Enterprises, Govt. of India
(भारत सरकार उच्च शिक्षा विभाग, मानव संसाधन विकास मंत्रालय द्वारा पंजीकृत)



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Franchise Form

Sr. No. Reg. Number.....

Institute Name-.....

Legal Name-.....

Father Name-.....

Date of Birth-.....

Qualification-.....Occupation.....

District.....Work Location.....

Institute Address.....

Contact No. 1-.....Contact No. 2.....

E-mail.....

Aadhar.....PAN.....

Documents Attach:- Owner Aadhar, Owner PAN, Registration Certificate ,Affidevit, Rent Agreement/Electric Bill/Telephone Bill

Infrastructure- Carpet Area 700 Sqft with in Office, 1 PC with Printer, Internet Facility, Drinking water, Toilet.

DECLARATION

I hereby certify that all the information furnished is correct to the best of my knowledge & I am ready to provide relevant document as a proof there of.

Remark-.....

Auth. Sign with STAMP