Franchise Application Form

A Premier Admission and Education Consultancy



Confidential

- This application form is for completion by applicants for Roy Overseas Services Franchise.
- The information submitted on this form will be treated by Roy Overseas Services as strictly private and confidential.
- Please help us by completing all sections carefully and thoroughly and use additional pages/appendices as necessary.
- This form will present information that is essential for our consideration in granting you franchise.
- This completion of this application form places no continuing obligation on either Roy Overseas Services or you. (But of course we hope it will have a happy outcome for all!)

Applicant # 1	Applicant # 2
Affix your recent	Affix your recent
passport size	passport size
photograph here.	photograph here.

Note: This form is to be filled by the main candidate(s) in consultation with other key persons.

PERSONAL INFORMATION

Personal Details

(Please fill the form in CAPITAL LETTERS)

Applicant # 1 First Name: Last Name: Father's Name: Date of Birth: Date

Roy Overseas Services

www.royoverseas.com

Vadodara - Head Office:

404, 4th Floor, Atlantis Heights,
Opp. Vadiwadi Fire Station,
Sarabhai Main Road, Vadodara -23, Gujarat.
Contact: 0265 2444800/2444888
Email: info@rovoverseas.com

Ahmedabad:

42, 4th Floor, Sukhshine Complex, 8, Sunrise Park, Opp Himalaya Mall, Bodakdev, Ahmedabad - 54, Gujarat. Contact: 079 40232300/40232323 Email: info@royoverseas.com Mumbai:

305, 3rd Floor, B2B Agrawal Center, Kanch Pada, Malad (West), Mumbai - 64, Maharashtra. Contact: 022 49055555/49055559 Email: info@rovoyerseas.com



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Residence Address:				
City:	State:	State: Pin Code:		
Phone: (with STD code)		(Any other)		
Mobile:		-		
Current Business Address				
		(P	lease ignore if same a	s Residence Address)
Your Achievements: (Use Ex	tra sheet and attach it	with this page, if requi	red)	
Your Business Goals/Ambition	ns: (Use Extra sheet a	and attach it with this pa	age, if required)	
Qualifications:				
Degree/Diploma/Certifi	cate Universi	ty Subjects	%Marks	Year of
2. Business Experience				
2.1 Have you had any previous e	xperience in the educatio	on industry? If yes - please d	lescribe:	
2.2 Will this Franchise be owned	and operated by yourself	f - or by a group? If a group	- please describe the c	other investors:
2.3 Have you ever been self-emp	oloyed? If yes - please des	cribe:		





Section-B Infrastructure & Financial Information

3.1 Structure of the Business Entity for Fran	chise Operation. (Please√p	pick the relevant box)
Proprietorship Firm Public Limited Company	Partnership Firr Other	n Private Limited Company
3.2 Investment Capability. (In INR Lacs) (Ple	ase √ pick the relevant box) 10 –20 20 –40	40 -60 60 >
3.3 Will you be utilising a company that curr	rently exists to take on the fr	anchise?
3.4 Attach an organizational chart showing	any associated companies. I	Describe.
4. Management4.1 Indicate name of existing or proposed D commercial experience.	irector(s) and General Mana	ger of the operating company and their previous
Name	Position	Commercial Experience
Name	Position	Commercial Experience
	now have a person at your d	Commercial Experience
4.2 Does the operating company or do you i	now have a person at your d	
4.2 Does the operating company or do you the day-to-day management of the Franchis	now have a person at your d	
4.2 Does the operating company or do you the day-to-day management of the Franchis Section C - Financial Resources	now have a person at your d se business?	isposal who is in a position to assume responsibility for



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5.3 Do you have a source of financing? If yes -how much financing is available?
5.4 Choice of City for Franchise Operation
5.5 Proposed Location within the City
Please Elaborate on the Reasons for Choice of Location. (Use Extra sheet and attach it with this page, if required)
5.6 Current Infrastructure which can be made exclusively available for the Franchise Operation.
5.6.1 Premises (Place to run franchise centre) Already Available: (Please √ pick the relevant box) Yes No
5.6.1.1 If yes, please Provide nature of premises: (Please √ pick the relevant box)
Owned Premise Single Ownership Multiple Ownership Rented / Leased Joint In case of any of the above choices, please furnish documented details for the same.
5.6.2 Covered Area (In Sq. Ft.): (Please √ pick the relevant box) 500 -100 1000 -1500 500 -2500 2500 -4000 4000>
5.6.2.1 Number of Floors / Storey:
5.6.3 Classroom Details (If Any)
5.6.3.1 Number of Owned classrooms ready to use:
5.6.3.2 Covered area of each classroom (In Sq. Ft.):
NOTE: You can have a tie-up with a nearby school for additional classrooms.
5.6.4 Centrality of Location & the Rationale(Please give details regarding location, proximity to educational institutions/ Residential Localities, and status of the neighbourhood etc.) (Use Extra sheet and attach it with this page, if required)



5.6.4 Details of Additional Office Infrastructure in Case you are already engaged in Training of Students for Medical/Engineering /CA Coaching/Management/Other Competitive/Entrance Examinations:

5.6.4.1 Please furnish following details:

a.Name of the training / coaching institu	te:	
b. Outstation Branches/Centers:		
c. Total Assets (In INR):		
d. Total no. of students enrolled in the pr	revious financial year:	
e. No. of students successful in entrance	exams through your centre:	
f. (Medical) (Engg.)	(CA)(Management)	(Other)
g. Total no. of students enrolled currentl	y:	
h. Total no. of faculty members:		
I. Total no. of other staff members:		
j. Total number of classrooms:		
k. Total office area being used (In Sq. Ft.)):	
6. Declaration		
I hereby declare that to the best of my kn I also authorize you to make any enquiri this application be refused, no reason ne	es you consider necessary in connection	t and particulars are true and complete. n with this application. I am aware that should
I understand that any misrepresentation from the Roy Overseas Services system.	n of factual information requested on thi	is application form may be a cause for remova
Name of Applicant # 1:		
Applicant's Signature:	Place:	Date:
Name of Applicant # 2:		
Applicant's Signature:	Place:	Date:
Demographic Details		
CITY / TOWN Name:		_ City Code:
Population (In Lacs):		

Other satellite cities / towns from where students regularly come or can come for studies in schools, colleges, professional coaching institutes or entrance exam coaching institutes:



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(In	Sr. No. order of preference)	Name of the City / Town				Population		
	-							
Educ	ation Industry: Activi	ties & Analysis Sch	nools					
No. of	schools in the city/town	:						
	ated no. of students in cl		-					
	ated number of students							
Estima	ated number of students	appearing for Engine	eering E	intrance Exams e	very year:			
DETA	ILS OF IMPORTANT &	MAJOR SCHOOLS	IN THE	E CITY/TOWN				
S. No.	Name	Education Boa		Medium of Instruction (English/Local)	Student Stre in Classes XI (PCB, PCM, P	& XII	ар	ox. No. of students pearing for Ent. Exams.
				(Linguisti) Local)	(FCD, FCN, I	CDIVI)	(Medi	ical/Engineering)
	ges(Inter-Colleges with F)	•						
	schools in the city/town							
	ated no. of students in cla				•			
	ated number of students							
Estima	ated number of students	appearing for Engine	eering E	intrance Exams ev	ery year:			
MEDI	CAL COLLEGES: (Attac	ch a sheet if requi	red)					
Wheth	ner your city has any Med	lical College/Institute	3 :	Yes	No			
S. N	Name of Medical College	No. of Seats Available	Admis	ance Exam for ssion (National	No. of Students writing Ent.	Owner (Gov	/t./	Ranking (National/
0.		(Category -wise)	Leve	el/ State Level)	Exam.	Priva	ate)	State)



List the existing Training Institutions for Medical/Engineering/Competitive Entrance Exams in your City/Town:

S. No.	Name of Coaching Institute	Location & Proximity from your Centre	Entrance Exams. for which Coaching is Imparted	Total Student Strength	Average Fee Charged	Ranking / Popularity (National / State)

NET POTENTIAL IN THE CITY PROPOSED TO BE	OPTED FOR FRANCHISE
1. In case of Medical, it is	students per yearopting to study in the city.
2. With an average fee of Rs	for Medical Entrance Exam preparation
3. Average market size of the city is estimated to Rs	(No. of students/year X Average Fee).
4. In case of Engineering, it is	_students per yearopting to study in the city.
5. With an average fee of Rs	for Engineering Entrance Exam preparation.
6. Average market size of the city is estimated to Rs	(No. of students/year X Average Fee).
7. Average market size of the city is estimated to Rs	(No. of students/year X Average Fee).
Franchisee Growth Potential as a Roy Overseas Servential do you aim as capturing:	vices franchisee, three years, what % of the present market
A. Total number of Students per year:	B. Annual Turnover (In INR):





DECLARATION

I / We declare that the	details and information provided by me / us herein above are true to the best of my knowledge and beli
Name of Applicant # 1	·
Applicant's Signature:	
Place:	Date:
Name of Applicant # 2	:
Applicant's Signature:	
Place:	Date:
	(FOR OFFICE USE ONLY)
Application Status:	
Complete	Incomplete Personal Profile Strength: 12345678910
Remarks	