

## DALIMSS Sunbeam Educomp Ltd.

Knowledge is God

# AFFILIATE SCHOOL APPLICATION FORM

## Education Development Cell

DALIMSS Sunbeam Schools

(DALIMSS SUNBEAM EDUCOMP LIMITED)

Corporate Office: Rohania, Varanasi

Registered Office: B-38/6A Raghunath Nagar, Mehmoorganj, Varanasi.

Phone: +91-542-2255605/07 Mob.: +91-9918401630/ 94/95 Fax: +91-542-2255607

Email: <u>directorfranchise@dalimsssunbeamschools.com</u>
Website: <u>http://www.dalimsssunbeameducomp.com</u>

## **FORM 1 – PERSONAL PROFILE**

<u>APLLICATION FOR</u>: PRIMARY SCHOOL / Jr. SCHOOL / Sr. SECONDARY SCHOOL (Please tick the appropriate)

PERSONAL DETAILS								
							Paste your recent	
NAME (IN CAPITA	ETTERS)	:				ssport size color hotograph and		
FATHER'S/HUSBA	'S NAME	:				ch one additional tograph with this		
COMPLETE POSTAL ADDRESS			:				Application	
			CITY/TOWN					
			DISTRICT_					
			PIN					
DATE OF BIRTH:								
TELEPHONES NO	)S. :	Off.	ResiMobile					
EDUCATIONAL O								
DEGREE / DIPLOMA UNIVER					I SUE	BJECTS	YEAR OF PASSING	
							17/00/110	
BUSINESS EXPERIENCE								
NAME OF ORGANISATION		TURE OF JSINESS	YEAR (FROM)	YEAR (TO)	TURNOVER (Rs.Lac)	PRODUCTS	NO.OF EMPLOYEES	
					<u></u>		<u>l</u>	

WORK EXPERIENCE								
ORGANISATION	DESIGNATION		YEAR	YEAR	NATURE		IAIN	NO.OF
	BESIGNATION		(FROM)	(TO)	OF WORK	PRO	DUCTS	EMPLOYEES
FAMILY DETAILS								
NAME		AGE	RELATIONSHIP		QUALIFICATION		OCCUPATION	
DECLARATION  I / We declare that the details and information provided by me / us herein above are true to the best of my /our knowledge and belief.  Attached Please find a Demand draft no								
(Signature)								
Note: Application without Demand Draft would NOT be processed.								
FOR OFFICE USE ONLY								
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## **FORM 2 – INFRASTRUCTURE / FINANCE**

#### **PROMOTER'S DETAILS**

NAME	AGE	PROPOSED SHARE HOLDING IN SCHOOL	OTHER BUSINESSES	WEATHER WORKED SOMEWHERE	NATURE OF INVOLVEMENT IN SCHOOL

NAMES OF THE NON-PROMOTERS / KEY PERSONS BEING OFFERED PROFIT SHARING OR STOCK OPTIONS WHO ARE GOING TO BE FULLY COMMITED TO THE OPERATION OF THE SCHOOL.

NAME	AGE	ACTIVITIES TO BE TAKEN UP AT THE SCHOOL

#### FINANCIAL STRENGTH (In case partner / promoter please indicate the amount to be invested)

#### **From Own Sources**

NAME	AMOUNT AVAILABLE TO BE INVESTED	TIME REQUIRED TO MOBILISE
TOTAL		

#### FROM OTHER SOURCES OF FUNDS

NAME	AMOUNT AVAILABLE TO BE INVESTED	TIME REQUIRED TO MOBILISE
TOTAL		

BANK FINANCE REQUIRED (pl tick): REQUIRED NOT REQUIRED

**CHOICE OF THE CITY FOR DALIMSS Sunbeam School** 

#### PROPOSED LOCATION WITHIN THE CITY

## CURRENT INFRASTRUCTURE, WHICH CAN BE MADE EXCLUSIVELY AVAILABLE FOR DALIMSS FRANCHISEE SCHOOL OPERATIONS

WEATHER HAVING ANY PREMISES

a). Yes

b). No

IF YES, NATURE OF PREMISES

a). Owned

b). Rented / Leased

c). Single Ownership

d). Joint

e). Multiple

IN CASE OF OWNED PREMISES, PLEASE FURNISH DETAILS OF THE SAME

COVERED AREA FT<sup>2</sup>

a). 3000 - 5000

b). 5000 – 10000

c). 10000 - 20000

d). More than 20000

NUMBER OF FLOORS	
a). Only Basement	b). Basement + Ground Floor
c). Ground Floor	d). Ground Floor + First Floor
e). All of the above	f). Any Other
WEATHER PREMISES IS READY FOR USE	
a). Yes	b). No
CLASSROOM DETAILS (IF ANY)	
Number of classroom ready to use :	
Covered area of each classroom :	
DETAILS OF ADDITIONAL OFFICE INFRASTRI	UCTURE
Telephone : Yes	No
Fax : Yes	No
DECLA	RATION
I / we declare that the details and information pro the best of my / our knowledge and belief.	vided by me / us herein above are true to
DATE :	
PLACE: _	
	(Signature)

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### **FORM 3 – MARKET POTENTIAL ANALYSIS**

## **CITY / LOCATION DETAILS** CITY / LOCATION NAME TOTAL POPULATION Other city / Locations from where students come for studies. TOTAL POPULATION TOTAL POPULATION TOTAL POPULATION **ACADEMIC FACALITIES, ACTIVITIES & ANALYSIS** No. of schools in the Location / Vicinity Estimated no. of students **MAJOR SCHOOL DETAILS** MEDIUM OF S.NO STUDENTS STRENGTH NAME INSTRUCTION **DECLARATION** I / We declare that the information provided by me / us herein above are true to the best of my / our knowledge and belief. DATE: PLACE: (Signature) Page **7** of **7**