

Franchise Application form

(Please Select franchise type)

Study Centre

Counselling Centre

Private Clinic

Nursing Home

To

**The Director
Public Health Education Council
New Delhi**

Dear Sir,

I request you for the authorization of an institution in compliance with the following formalities :-

1. Name of the Institute :

2. Address of the Institute :

.....

3. Date of Establishment :

4. Name and Address of
President / Director :

.....

5. Phone / Mobile No. :

6. E-mail Id :

7. Website :

I, hereby solemnly affirm and declare that the details furnished above are true to the best of my knowledge. I, further agree that my authorization is liable to be cancelled if any incorrect information is furnished by me.

Signature of President / Director with Seal

Inclosure :-

1. Identity Proof, Address Proof
2. 1 Photograph
3. Resolution of the committee signed by the President
4. Memorandum
5. Fees