



POGL GROUP OF INSTITUTIONS

GU, MGU & Indira Gandhi Technological & Medical Sciences University
3rd floor, Institution of Engineers (India) Building, Panbazar, Guwahati-781001,
Phone: 94355-45852, e-mail: poglinstitute@yahoo.com, Web: www.poglinstitute.org

APPLICATION FORM FOR FRANCHISEE

1. Personal Details:

Full Name:	
Age:	
Educational Qualifications:	
Contact Address:	
Phone:	
E-Mail:	
Present Occupation:	

2. Office Details:

Infrastructure Details:	
Office Area in Sq. Ft.:	
Whether location of your office is in Prime Commercial Area:	
Whether Computer Internet facility available:	
Promotional Budget for proposed Activity:	
Your Strengths:	

NOTE: Please note the following important points

1. Applicant/franchisee should correspond with **POGL Group of Institutions** only through the official e-mail address - poglinstitute@yahoo.com, or purvashioilandgas@gmail.com. Any telephonic discussions you have with **POGL Group of Institutions**'s representatives should be confirmed by you through an email to one of the above addresses.
2. Confirmation of any discussion / offer of franchise by us will reach you through an e-mail from one of the above email addresses ONLY, **POGL Group of Institutions** is not responsible for any other correspondence.
3. All payments should be made by the applicant by way of demand draft only, drawn in favour of "POGL " and payable at Guwahati.

4. No cash payments shall be entertained by **POGL Group of Institutions**. and the company shall not be liable for such payments made.
5. Applicant to confirm on the official e-mail ids of the company, the details of demand draft being sent at the time of dispatch of the same to the company.
6. The correspondence, if any shall be addressed by the officials of **POGL Group of Institutions**. only through their official e-mail addresses.

Declaration

I certify that the information given in this application is correct and complete. If I am offered the franchisee of the **POGL Group of Institutions** I undertake to observe and obey by the rules and Regulations and to ensure payment of fees and other financial liabilities to the **POGL Group of Institutions**.

Signature of Applicant:

Date: