



# BRAINOBRAIN KIDS ACADEMY PRIVATE LIMITED

Corporate Office : 36, Melony Road  
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Ph: 011-4164 5010 / 20 / 30  
email: officedelhi@brainobrain.com

## FRANCHISE ENQUIRY FORM

**AFFIX  
PHOTO  
HERE**

**Name** \_\_\_\_\_

**Date of Birth**

D	D	M	M	Y	Y	Y	Y
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**Age** \_\_\_\_\_ **Sex**  Male /  Female

**Qualification** \_\_\_\_\_

**Nationality** \_\_\_\_\_ **Mother Tongue** \_\_\_\_\_

**Languages Known** \_\_\_\_\_

**Father / Husband Name** \_\_\_\_\_

**Present Occupation** \_\_\_\_\_

**Office Address** \_\_\_\_\_  
\_\_\_\_\_

**Residence Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** Office 

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 Mobile 

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**E- Mail ID** \_\_\_\_\_

### Franchise Details

1. **Franchise Area Preferred: (Please specify the location)**

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**2. Why do you want to take up BRAINOBRAIN abacus training as your new career? (Min. 30 Words)**

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**3. Do you have the investment ready to start and run a BRAINOBRAIN Centre. If not, when would you get it ready?**

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**4. You would need a female faculty to train kids on weekends. Have you identified her already? If yes please give her name & contact address. How long do you know her ?**

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**5. Do you have the infrastructure ready for running the centre? If yes, give the address of the place.**

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**6. How did you come to know about BRAINOBRAIN ?**

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**I hereby declare that the details given above are true to the best of my knowledge.**

Date : \_\_\_\_\_

Signature \_\_\_\_\_