



FRANCHISEE ENQUIRY FORM

Name :Father's Name

Date of Birth..... Spouse Name

Address

City.....Distt.....State.....Pin.....

Phone : Resi.....Office..... Mobile.....

Email Id.....

Occupation.....Employer.....

Address.....Annual Income.....

Area of Interest

Academic Qualification.....

Special Experiences/ Training/ Education

Business Experience (If any).....

By signing below, I understand and agree that all confidential information obtained directly or indirectly by me, or conveyed to me by Brainex Education and its employees, agents or franchisees, shall remain confidential forever. Further I agree not to divulge any confidential information to any other person or entity, except for my professional advisors or use such information directly or indirectly in competition against Brainex Education Pvt Ltd.

Signature

Date.....