



## ADDRESS & LOCATION

Address of school


Area available

1) Total Area  2) Constructed area  3) Open area

Name of Society / Trust so formed for school

Number of members involved

### Declaration

I solemnly and sincerely affirm and state that I am not involved directly in any activity which offends any rule of law carrying out any business in contravention of any of the provisions of the state or central laws for the time being in force. I here by declare that all the information furnished herein by me is true to best of my knowledge. If any of the information is found incorrect I understand that my application will be rejected.

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

Signature : \_\_\_\_\_ Place: \_\_\_\_\_

### Disclaimer

Junior Delhi Public School has no affiliation with Delhi Public School. Junior Delhi Public School is not related directly or indirectly with DPS Society or any of the DPS World Trust. Junior Delhi Public School Trust is a separate legal entity.

**Terms & Conditions :**

1. Franchisee Fee to be paid as per the agreement (Non Refundable).
2. 15 % Royalty on collection of fees from 1st student.
3. Furniture, Fixtures, Teaching Equipments, Toys, etc. will be arranged by the Franchisee on Cost Basis.
4. Interior, exterior and other decoration will be as per the company requirement and all the cost will be borne by the franchisee.
5. Students Kits including books, Uniform or any material given to student will be provided by the company at the Franchisee cost.
6. The Company will provide training of 2 days to the staff of the Franchisee.
7. The franchisee license is for 5 years only and can be extended or up graded to primary on the satisfactory performance of franchisee & on mutually agreed terms.
8. Fees structure should be according to the norms and shall be mutually decided by franchisor & franchisee
9. GST applicable @ 18% as per Government policy & subject to change.
10. Franchisor will provide the artwork/designs for marketing purpose and the cost of printing/distribution will be borne by franchisee.

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**Fill by Office Only**



**Acknowledgment Receipt**

Application No.: \_\_\_\_\_ For the Session : \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Franchise Type : \_\_\_\_\_

Session to start 20\_\_\_\_ - 20\_\_\_\_

**Payment Detail**

Mode	Transaction No.	Bank	City	Amounts	Remark

Date :

\_\_\_\_\_  
**Approving Authority (Sign with Seal)**