



APPLICATION FORM FOR FRANCHISEE

1) BASIC INFORMATION:

Name of the Applicant: (Mr./Mrs. Ms.).....

Permanent Address:

Town: City/Village:

Corresponding Address:

Town: City/Village:

Phone No: Mobile No. :

Email:

2) LAND/PROPERTY DETAILS WHERE FRANCHISEE TO BE OPENED

Property Mode- Owned/Rented:

Property Details (Plot/Khasra No/Shop No/SCO/ etc.):.....

Property Size:

Property Location:

3) PROOF OF IDENTITY

AADHAR Number:

PAN Number:

DECLARATION

I/We, the undersigned, have gone through the eligibility criteria and terms & conditions annexed with the application form for my/our appointment as the allottee of VITA Franchisee. I/We, fully understand the implications of eligibility criteria and the terms & conditions as annexed at Annexure-1 and therefore bind myself/ourselves into a contract with HDDCF as per the Indian Contract Act, 1872 and other.

Date:

Signature:

Name:

Place:

Designation: