



RABINDRA NATH TAGORE YOUTH COUNCIL
60, MOULANA AZAD SARANI, CITY CENTRE DURGAPUR-713216
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SELF-ASSESSMENT FORM FOR FOR BECOMING (UNIT/ DISTRICT/STATE MASTER) FRANCHISEE

1. Name of the Firm/Company/Institution/Society:.....
2. Name of Head of Organization :
3. Address:
- Email Address :
- Website, if any, then URL :
4. Telephone (O)
 (R) :
- (Mobile) :
- (FAX) :
5. Status of the Firm/Institution:-
 - A. Limited/ Proprietary/ Pvt. Limited/ Society
 - B. Date of Incorporation/ Commencement of busines:.....
 - C. Nature of Business:.....
6. A. Qualification of the Owner/ Management.....
7. Existing/ Proposed Location of the Centre
 - A. Prime Location/ On Road
 - B. Owned/ on lease/ Rent etc/ Commercial/ Residential if rented, any terms of Ren.....
 - C. Visibility from Road & ParkingArea:.....
 - D. Familiarity of the location:.....
8. Total carpet area and its set up:
9. Infrastructure of Centre:
 - A. No. of Class rooms:.....
 - B. Total No. of students it can train at any one time:.....
 - C. Seating capacity of each class & furniture :.....
 - D. Air conditioning:.....
 - E. Training Aids such as overhead projectors boards etc.:.....
 - F. Computer/ TV/ VCR/ based Classroom:.....
 - G. UPS for computer System:.....