



CERTIFIED franchise PROFESSIONAL



Jaipuria Institute
of Management, Indore

In Association With

Francorp
The Franchising Leader



Indian Franchise
Association

ENROLLMENT FORM - MAY 16 - 21, 2011

APPLICATION & PERSONAL DATA STATEMENT

Name: (Mr. /Ms./ Dr.) : _____

Date of Birth (dd/mm/yy) : _____ Highest Qualification : _____

Address : _____

City : _____ State : _____

Contact No. : _____ Mobile : _____

Email : _____ Alternate Email: _____

Work Experience, if any (Reverse Chronology) :

S. No.	Name of the Company	From (Month/Year) Till (Month/Year)	Designation

Your experience in Franchising, if any (Share your roles and responsibilities) :

Expectations from the Programme :

To be filled in, only by the sponsored candidate

Name of Sponsoring Company : _____

Company Address : _____

Signing Authority Name and Designation : _____

Signature : _____

PAYMENT DETAILS

DD Details: DD No. : _____ Issuing Date : _____

Issuing Bank, Branch and City : _____

Signature of the Candidate : _____ Date : _____

Send this application duly filled to

Jaipuria Institute of Management, 407, Orbit Mall, A.B. Road, Indore (M.P.) -452010, Phone : 0731-4236517

You can also email the filled Application Form to cfp@jimindore.ac.in

Please make Demand Draft Payable to : “**Jaipuria Institute of Management, Indore**”

For more info, write to us at cfp@jimindore.ac.in



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