

This declaration certifies that

..... a legally registered entity under the laws of **India Uttar Pradesh**, is granted a **Franchise** of **Sonika Education Foundation** for the establishment and operation of a **Degree and Diploma Institute** at

1. Nature of the Franchise:

- This franchise is a **licensed educational institution** operating under the brand and guidelines of **Sonika Education Foundation**.
- The institute is authorized to offer **degree and diploma programs** as per the approved curriculum and standards set by Sonika Education Foundation.

2. Legal & Compliance:

- The franchisee agrees to abide by all **legal and regulatory requirements** for running an educational institution in the given location.
- Compliance with **academic guidelines, faculty qualifications, and operational standards** as per the franchise agreement is mandatory.

3. Rights & Responsibilities:

- The franchisee has the **right to use the brand name, curriculum, and resources** provided by Sonika Education Foundation.
- The franchisee is responsible for **infrastructure, faculty recruitment, student admissions, and administrative management**.

4. Financial Agreement:

- The franchisee shall pay an initial **franchise fee of [Amount]** and an ongoing **royalty fee of [Percentage]** from total revenue.
- Other financial obligations, including **marketing contributions and operational expenses**, are outlined in the detailed franchise agreement.

5. Duration & Termination:

- The initial franchise agreement is valid for () **years** and is subject to renewal based on performance and compliance.
- Violation of terms or failure to maintain academic standards may result in termination of the franchise.

Authorized Signatory

Sonika Education Foundation Degree and Diploma Institute

Date:/...../.....

Franchisee Signatory

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Date:/...../.....

3. Infrastructural Facilities:

3.1 Facility Available

Particular	No. Of Rooms	Seating capacity	Total Area (SQ.FT)
Staff rooms			
Class rooms			
Laborites			
Reception			
Toilets			
Any Other			

4. Information about faculty (as on date proposal)

Sr. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status Fulltime/Part time
1						
2						
3						
4						

5. Details of Laboratory

5.1 Computer Facilities

Sr. No.	Computer with configuration	No. of terminals	Year of Purchase	Cost	Software Facilities	Other Attaching
1						
2						
3						
4						

Application Form

Application No.

Date.....

1. Information about the Institution

1. Name of the Institute (Use block letters only)

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2. Postal Address (With pin code District & Sate)

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2. Information about the chief Executive/ Principal/ Director of the Institute.

2.1. Name

2.2 Designation/Position held:

2.3 Address:

DistrictPin Code.....

2.4 Mobile Email Id

2.5 Date of birth Age

2.6 Education Qualification.....

2.7 Professional Qualification

2.8 Professional Experience



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Seal

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Signature head of institute