



FRANCHISE / ATC APPLICATION FORM

CENTRE INFORMATION

INSTITUTE/BRANCH_____

INSTITUTE LOCATION_____

CITY_____ STATE/ COUNTRY_____

CONTACT INFORMATION_____

E-MAIL _____ WEBSITE _____

INSTITUTE AREA (SQF) _____ WASHROOM/ CHANGING ROOM_____

NO. OF STUDENTS _____ NO. OF FACULTIES_____

HOSTEL FACILITIES, IF ANY_____

MARTIAL ARTS/ YOGA/ FITNESS WHICH YOU PRACTICING _____

PERSONAL INFORMATION

APPLICANT NAME_____

DESIGNATION_____

DATE OF BIRTH_____ AGE_____ SEX_____

STREET ADDRESS_____

CITY_____ STATE_____

TELEPHONE_____ MOBILE_____

EDUCATION QUALIFICATIONS_____ ATTACH COPY_____

SPORTS ACHIEVEMENTS_____ ATTACH SHEET/ PROFILE _____

RECOMMENDED BY_____



DECELERATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST NATIONAL MARTIAL ARTS ACADEMY- INDIA OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE MARTIAL ARTS ACTIVITIES ASSOCIATED WITH NMAA-INDIA. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

SIGNATURE _____ FULL NAME _____

DATE _____ PLACE _____

ATTACH DOCUMENTS

- Kindly Attach Pan Card and Address Proof Copy of Applicant (Compulsory)
- Kindly Attach Legal Registration Copy of Your Institution/ Centre/ Club (If Any)
- Kindly Attach Rent Agreement/ NOC/ Ownership of Your Institution
- Franchise Fee **150,000** INR DD/ Payment in favor of "National Martial Arts Committee India"
- ATC Accreditation Fee **20,000** INR (Valid for Five Years)

NMAA SUPPORT

- MAEP Education System
- Location Identification Support.
- School Layout and space optimization.
- Students & Trainers Direct Video Access
- Feedback System for Students.
- Technical Support and Strong Back Team
- Customer Management Training
- Complete Set up and Operational Training Support
- Multiple Training offerings to Customers
- Multiple Revenue Generation
- Course Sylabuss and Material

FOR OFFICE USE ONLY

REGISTRATION NO _____ DATE _____

AUTHORIZED SIGNATURE _____



ADMISSION / REGISTRATION FORM

COURSE _____

NAME _____

MOTHER'S/ FATHER'S NAME _____

ADDRESS _____

CITY/DISTRICT _____ STATE/ COUNTRY _____

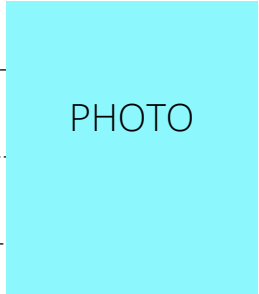
DATE OF BIRTH _____ AGE _____ SEX _____

E-MAIL _____ PHONE/MOBILE _____

EDUCATIONAL QUALIFICATION _____

SCHOOL/COLLEGE _____

SPORTS ACHIEVEMENTS _____



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APPLICANT SIGNATURE _____ NAME _____

PARENT'S SIGNATURE _____ NAME _____

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

REGISTRATION/ENROLLMENT NO _____

AUTHORIZED SIGNATURE _____ DATE _____

Kindly attach Identity / Address Proof, Educational and Sports Achievements Documents