

# **Health Club of India**

## **DOWNLOAD FORM**

(Download the Form and scan the Filled Form and send as an attachment to support@educatebhaarath.com)

### **FRANCHISE SCHOOLSREGISTRATION**

The Principals or Teachers are requested to register by filling this Registration Form.  
It is necessary to enter the Payment Details in the Registration Form.

Cost for Franchise Registration: Rs. 1000/- only (Life time)

Name of the Faculty :

Name of the School :

Personal details

a) WhatsApp number :

b) e-mail :

Transaction Reference Number :

Transaction Date :

Number of students enrolled in FAHCI :

Number of Teachers enrolled in FAHCI :

Number of Parents enrolled in FAHCI :

**Payment is only by Online through NEFT or IMPS.**

Signature

#### **ONLINE PAYMENT DETAILS**

**Name: Council for Culture awareness and Promotion**

**Bank: Bank of Maharashtra**

**Branch: Safilguda**

**Account Number: 60005523983**

**IFSC Code: MAHB0000955**