

## **AFFILIATE FORM**

Affiliate Name \_\_\_\_\_

Centre Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile No. \_\_\_\_\_

Landline No \_\_\_\_\_

E-mail \_\_\_\_\_

No. of PC's \_\_\_\_\_

Manager Affiliate's \_\_\_\_\_

Joining Date \_\_\_\_\_

City \_\_\_\_\_

Amount \_\_\_\_\_

Signature of Centre Head

For GNCA GROUP OF INSTITUTIONS  
Authorized Signature

ADDRESS:-

**GNCA GROUP OF INSTITUTIONS**

*VPO. Kishanpura Kalan, Moga, Punjab-142058*

*Mobile No. 099154-65170*

Website :- [www.gncagroup.com](http://www.gncagroup.com)

E-mail :- [info@gncagroup.com](mailto:info@gncagroup.com)