

Franchise Application Form



SKILLING INDIA TO SAVE LIVES

Guidelines:

1. Please enter all relevant details.
2. Please tick the appropriate answer, wherever applicable.
3. Attach your current profile and business portfolio along with your business card with this application form.

PLEASE WRITE IN CAPITALS LETTERS

Full Name: _____

Permanent Address: _____ Current Address: _____

Address for correspondence: _____ Landline (Off.) _____

_____ Landline (Resi.) _____

_____ Mobile: _____

_____ Email: _____

_____ PAN No. _____

SECTION I: PERSONAL INFORMATION

1. Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

2. Current Occupation: (Please Tick)

a) Service b) Business c) Both

- A) If in service, kindly fill the following details:

Period	Organization Name	Designation	Responsibilities

If yes, please give details of the site :

Nature of Agreement (Ownership/ Rental/Long Term Lease)	Period of Lease	Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From _____ To _____		

6. In case you do not have a site, do you plan to take on rent? Yes No

If yes, within how many months? _____

7. What efforts / initiatives would you put in to make this business a success?

8. State reasons why VIVO Healthcare should consider you as a franchise?

I/We hereby declare that the information furnished above is true and correct and to the best of my/our knowledge.

Date: _____

Signature