

Franchise Program: Application Form



healthcare

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

Kindly give 2 work references:

	Name	Designation	Company Name	Contact No.
Current Employer				
Previous Employer				

B) If in business, kindly fill the following details:

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products /Services offered	Years in Business	Number of People Employed	Turnover (Rs.)
						Last 3 Years

3. Are you currently associated with any professional group/association in any form? Yes No

If yes, give details: _____

4. Does your professional background involve any of the following? (Please tick the appropriate box)

1. Education/Training 3. Marketing/Sales
 2. Healthcare 4. Other (specify) _____

5. Any legal proceedings pending against you in India or abroad? If yes, please specify

SECTION II: THE PROPOSED CENTRE

1. How do you propose to set up the centre?

- Public Ltd. Private Ltd. Proprietorship
 Partnership Trust Others _____

2. Is the Proprietorship/Partnership/Company/already in existence? a) Yes b) No

If yes, what is the name of the Business/Firm/Company _____

3. City/Town where you propose to setup the new venture _____
located in the state of _____

4. When do you propose to setup the new venture?

- Immediately Within next 3 months Next 3 to 6 months

5. Do you already possess a Land/Campus/Site?

- Yes No

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 considered 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