

# Application Form

**DISTRIBUTOR**

Name of the Applicant Firm / Company

Postal Address

City/Town/Village

District

State

Constitution of the firm   Partnership ☐   Proprietorship ☐   Private LTD ☐   Public LTD ☐

Name and address

Father Name

Telephone No.

Web

Mobile No.

E-mail ID

Name of the person managing the firm: ☐   Age :   Experience :

His residential Address

Description of godown facilities available

Drug Licence No. & valid upto

CST No. & Date

TIN No. & Date

Year in which the establishment was set up

Name of bank approved transporter

Area of Operation

How Long does the party takes for execution of order to retailer ?

No. of Persons Employed

a) Administrative Staff

b) Delivery Staff

c) Others

Mode of Delivery :

First Order Value

(Including all division's)

Is there any B.PHARM / M.PHARM / DOCTOR in your family ? YES ☐ NO ☐

if YES Provide Details

Whether the parties equip with fully computerized system & internet connection - Yes ☐ No ☐

Distributor experience  Yearly turn over

Any sister concern  
(Please mention name)

Tel no.

Any business interest or involved in other than pharmaceuticals - please specify

Reference of prominent personalities (Name and address)

1.  Tel no.

2.  Tel no.

In your family any one involved Pharmaceutical business yes ☐ no ☐

Provide details

## Person to be contacted in your absence

Name

Address

Ph No

Email id

Relationship with applicant

Signature of other recommended person

Suggestion if any

