

## **Application Form**

DISTRIBUTOR																									
Name of the Applicant Firm / C	Cor	npa	any																						
Postal Address																									
City/Town/Village																									
District																									
State																									
Constitution of the firm Partr	ner	shi	р				Pro	opri	eto	rshi	р			Pri۱	/ate	LTI	D			Pι	ıblid	: LT	D		
Name and address																									
Father Name																									
Telephone No.									W	eb															
Mobile No.									E-m	ail	ID														
Name of the person managing	th	e fi	rm:														] [	Αg	ge :	Е	Ехре	erie	nce	:	
His residential Address																									
Description of godown facilities	es a	ava	ilab	le																					
Drug Licence No. & valid upto																									
CST No. & Date																									
TIN No. & Date																									
Year in which the establishme	nt	was	s se	t u	р																				
Name of bank approved trans	ро	rte	r																						
Area of Operation																									
How Long does the party takes	foi	ex	ecu	tio	n of	ord	ler t	o re	etaile	er?	N-														
No. of Persons Employed  a) Administrative Staff				_	1 o d		( D	مرزان																	
b) Delivery Staff			-	1/2	<u>/100</u>	<u>e o</u>	I DE	SIIVE	ery :																
C) Others																									
First Order Value (Including all division's)																									
Is there any B.PHARM / M.P if YES Provide Details	ΉÆ	ARI	М /	D	OC.	ГОР	R in	yo	ur f	am	ily	? Y	ES		NC	)									



Whether the parties equip	o with	n full	у со	mpı	ıter	izec	d Sy	/ste	m &	! int	err	net	con	nect	ior	1 -	re	,	IN	lo				
Distributor experience										ovei														
Any sister concern (Please mention name)	Щ	Ţ																						
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 inv	olve	d Pha	arma	iceu	tica	l bu	ısin	ess			ye	s		no										
Provide details																								
Person to be contacte	d in	you	ır ak	oser	ıce																			
Person to be contacte	d in	you	ır ak	oser	ıce							72 72												
Person to be contacte Name Address	ed in	you	ır ak	oser	ıce																			
Person to be contacte Name Address Ph No	ed in	you	ır ak	oser	nce																			
Person to be contacted Name Address Ph No Email id		you	ır ak	oser	nce																			
Person to be contacte Name Address Ph No		you	ır ak	oser	nce																			
Person to be contacted Name Address Ph No Email id	nt				nce																			
Person to be contacted Name Address Ph No Email id Relationship with applicant	nt				nce																			



## For Office Use Only

Depot Manager Analysis :							
Name of the party							
Name of the party Proprietor /							
Managing Partner / Managing Director							
Godown Space Sq.Ft							
Office Space Sq.Ft							
Refrigerator Condition							
Air Condition							
Visiting Date							
My Observation							

Signature of Depot Manager