

Franchise Application Form

PLEASE WRITE IN BLOCK CAPITALS

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Guidelines:

Date of Birth:

Gender:

Married:

- 1. Please enter all relevant details. Do not keep any details vacant/unfilled.
- 2 .In case of questions with multiple options, please tick the appropriate answer.
- 3. In case you wish to provide any additional information, please attach a separate sheet.
- 4. Attach your current updated CV and business card along with this application form.

	S	*
paste y I photo	-	

Title (Dr/M	r/Mis	s/N	1s)]										
Full Name: Address:																	
Telephone	/ Mo	bile	Nu	mb	er:												
Email:																	

SECTION I: PERSONAL FACT SHEET

(circle as approriate)

(circle as approriate)

Qualification		Year of Pa	assing	Name of Institution					
2. Current Occupation: a) Service	(Please Tick)	b) Business		c) Both					
To be filled in by those ir Name of the current emp Designation	oloyer	:							
revious Work Experience Period Organiz		: ration Name	Designa	ation	Responsibilities				



To be filled in by those in business:

Name(s) Private Ltd./ Public Ltd. Business offered Business Employed Last 3 Years 3. Does your professional background involve any of the following? (Please tick the appropriate box) 1. Marketing/Sales 2. Health Care 3. Education/Training 4. Profit Center Management 5. Small Business Mgmt. 6. Other (Specify) 4. Are you currently associated with any professional group/association? Yes No 1f yes, give details: SECTION II: THE PROPOSED CENTRE	Company	Proprietary/ Partnership/ Private Ltd./	Nature of Business	Products / Services	Years in	Number of People	Turnover (Rs	5.)	
1. Marketing/Sales	Name(s)		busilless	offered	business	Employed	Last 3 Years	S	
1. Marketing/Sales									
1. Marketing/Sales									
1. Marketing/Sales									
1. Marketing/Sales									
1. Marketing/Sales									
3. Education/Training	3. Does your	professional b	ackground in	volve any of tl	ne following?	(Please tick the a	appropriate box)		
5. Small Business Mgmt.	1. Market	ting/Sales			2. Health Car	e			
4. Are you currently associated with any professional group/association? Yes No If yes, give details: SECTION II: THE PROPOSED CENTRE	3. Educat	ion/Training			4. Profit Cent	er Manageme	ent		
SECTION II: THE PROPOSED CENTRE 1. How do you propose to set up the center? Proprietorship	5. Small B	Business Mgmt			6. Other (Spe	cify)			
SECTION II: THE PROPOSED CENTRE 1. How do you propose to set up the center? Proprietorship	4. Are you cu	rrently associa	ated with any	professional s	roup/associat	tion?	Yes No I		
SECTION II: THE PROPOSED CENTRE 1. How do you propose to set up the center? Proprietorship									
1. How do you propose to set up the center? Proprietorship	ii yes, giv	e details.							
1. How do you propose to set up the center? Proprietorship									
Proprietorship Partnership Private Ltd. Public Ltd. Society Trust Is the Proprietorship/Partnership/Company/Already in existence? a) Yes No If yes, what is the name of the Business/Firm/Company 2. City Town where you propose to setup the new venture located in the state of 3. When do you propose to setup the new venture? Immediately Within next 3 months Next 3 to 6 months			SECTI	ON II: THE	PROPOSED	CENTRE			
Public Ltd.	1. How do yo	ou propose to s	set up the cen	ter?					
Is the Proprietorship/Partnership/Company/Already in existence? a) Yes No If yes, what is the name of the Business/Firm/Company 2. City Town where you propose to setup the new venture located in the state of 3. When do you propose to setup the new venture? Immediately Within next 3 months Next 3 to 6 months	Proprieto	rship		Partnership		Pri	vate Ltd.		
a) Yes No	Public Ltd	ı		Society		Tru	ıst		
If yes, what is the name of the Business/Firm/Company 2. City Town where you propose to setup the new venture located in the state of 3. When do you propose to setup the new venture? Immediately Within next 3 months Next 3 to 6 months	Is the Pro	prietorship/Pa	artnership/Co	mpany/Alread	ly in existence	?			
2. City Town where you propose to setup the new venture located in the state of 3. When do you propose to setup the new venture? Immediately Within next 3 months Next 3 to 6 months	a) Yes		No						
located in the state of 3. When do you propose to setup the new venture? Immediately	If yes, wh	at is the name	of the Busine	ess/Firm/Com	pany				
Immediately Within next 3 months Next 3 to 6 months			opose to setup	o the new ven	ture				
Immediately Within next 3 months Next 3 to 6 months	3. When do y	ou propose to	setup the ne	w venture?					
4. Do you already posses a site?	-	<u> </u>			ns	Next 3	to 6 months		
	4. Do you alr	eady posses a	site?						
Yes No	Yes	No							



Wanter Market									
5. If no, do you have a site in mind	1 ?								
Yes No									
6. Please give details of the site :									
Nature of Agreement*			Location:						
Ownership/	Period of Lease	Tiled/Carpet Area	Commercial Area/ Residential Area						
Rental/Long Term Lease			(Address)						
	From:		, ,						
	То:								
	10.								
7. In case you do not have a site, o	do you plan to take on rent	? Yes	No 🗌						
If yes, within how many month	ns?								
8. How much funds are you willing	g to invest?								
10-15 Lacs	15-30 Lacs	More that	n 30 Lacs						
9. What efforts/initiatives would you put in to make this business a success ?									
	, ,								
10. State reasons why Doc 24x7 s	hould consider you as a bus	iness partner.							
_									
Date:	Signature:								