



Franchise Application Form

Guidelines:

- 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.

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1	e your passport- tograph here

Title (Dr/Mr/Miss/Ms)						
Full Name:						
Address:						
Telephone / Mobile Number:						
Email:						
Date of Birth:						
Gender: M F (circle as approriate)						
Married: Y N (circle as approriate)						

SECTION I: PERSONAL FACT SHEET

1. Educational Qualifica	tion (beginr	ng with the most	recent):				
Qualification		Year of Passing		Name of Institution			
2. Current Occupation: a) Service	(Please Tick)	b) Business		c) Bot	th		
To be filled in by those	in service						
Name of the current employer		·					
Designation		<u>:</u>					
Previous Work Experier	nce	•					
Period Organiza		ation Name	Designation		Responsibilities		
				`			
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To be filled in by those in business:

Company	' I '' I Services I		Years in	I People	Turnover (Rs.)		
Name(s)	Private Ltd./ Public Ltd.	Business	offered	Business	Employed	Last 3	Years
3. Does your	professional b	ackground in	volve any of th	ne following?	(Please tick the a	appropriate box)	
1. Market	ing/Sales			2. Health Car	е		
3. Educati	on/Training			4. Profit Cent	er Manageme	nt	
5. Small B	5. Small Business Mgmt. 6. Other (Specify)						
4. Are you cu	rrently associa	ated with any	professional g	roup/associat	tion?	Yes N	lo
If yes, give	e details:						
SECTION II: THE PROPOSED CENTRE							
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1. How do yo	u propose to s	set up the cen	ter?				
Proprieto	rship		Partnership		Priv	vate Ltd.	
Public Ltd			Society		Tru	st	
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							
3. When do you propose to setup the new venture?							
Immediately Within next 3 months Next 3 to 6 months							
4. Do you already posses a site?							
Yes	No						





5. If no, do you have a site in mind	?k					
Yes No						
6. Please give details of the site:						
o. Flease give details of the site.	Γ	<u> </u>				
Nature of Agreement*			Location: Commercial Area/			
Ownership/	Period of Lease	Tiled/Carpet Area	Residential Area			
Rental/Long Term Lease			(Address)			
	From:					
	To:					
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	าร?					
8. How much funds are you willing	g to invest?					
10-15 Lacs	15-30 Lacs	More than	n 30 Lacs			
9. What efforts/initiatives would you put in to make this business a success ?						
3. What enorth initiatives would y	you put in to make this busi	11E33 & 3UCCE33 :				
10. State reasons why Apollo Med	dskills should consider you a	is a business partner.				
Data	Signature:					
Date:	\lanatiira.					