आप जिंदगी नहीं
जिंदगीयाँ बचा सकते हैं।

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.

PLEASE WRITE IN BLOCK CAPITALS

Title (Dr/Mr/Miss/Ms) : …….

Full Name :……..

Address :……

……

……

Telephone/ Mobile Number: …….

Email :……..

Date of Birth :……/……. /…….

Gender: Married:

M F (circle as appropriate)

Y N (circle as appropriate)

SECTION I: PERSONAL FACT SHEET

1. Educational Qualification (begging with the most recent):

S.NO.	Qualification	Year of Passing	Name of Institution

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2. Current Occupation: (Please Tick)

a) Service ☐

b) Business ☐

c) Both ☐

To be filled in by those in service

Name of the current employer :…….

Designation :…….

Previous Work Experience :…….

To be filled in by those in business:

S. NO.	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. Does your professional background involve any of the following? (Please tick the appropriate box)

a) Marketing/Sales ☐

b) Education/Training ☐

c) Small Business Mgmt. ☐

d) Health Care ☐

e) Profit Center Management ☐

f) Other (Specify) ☐

4. Are you currently associated with any professional group/association?

a) Yes ☐ b) No ☐

If yes, give details:

SECTION II: THE PROPOSED CENTRE

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

a) Proprietorship ☐

b) Public Ltd. ☐

c) Partnership ☐

d) Society ☐

e) Private Ltd. ☐

f) Trust ☐

Is the Proprietorship/Partnership/Company/Already in existence?

a) Yes ☐ b) 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 UTTAR PRADESH

3. When do you propose to setup the new venture? **PRAN HEALTH** Kiosk is required to set up with in six month maximum

a. Immediately ☐

b. Within next 3 months ☐

c. Next 3 to 6 months ☐

d. 4. Do you already possess a site?

Yes ☐ No ☐

5. If no, do you have a site in mind? Yes ☐ No ☐

6. Please give details of the site :……..

7. In case you do not have a site, do you plan to work at our location?

Yes ☐ No ☐

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8. Have you booked our marked location?

Yes ☐ No ☐

9. Which categories of location you have marked?

Bus stand ☐	Railway station ☐	Toll Plaza ☐
University ☐	College ☐	School ☐
City Bus Stop ☐	Shopping Mall ☐	Colony ☐

Please mention the Location :……

10. How much funds are you willing to invest?

10-15 Lacs ☐ 15-30 Lacs ☐ More than 30 Lacs ☐

11. Are you looking for business Loan

Yes ☐ No ☐

12. If Yes then please furnish below details

Loan Amount you are looking for :…….

Do you have a bank account with ICICI bank?

Yes ☐ No ☐

13. If you are looking loan from ICICI bank then please furnish and upload documents for the processing from our end. For this you visit link …….and upload the documents. Our Main Branch of ICICI bank Jaipur will forward your documents to your local ICICI bank.

14. What efforts/initiatives would you put in to make this business a success?

…….

…….

15. State reasons why PRAN KIOSK (PRANDHARIN TRUST) should consider you as a business partner.

"I hereby declare that the details and information given above are complete and true to the best of my knowledge.

Date: Signature