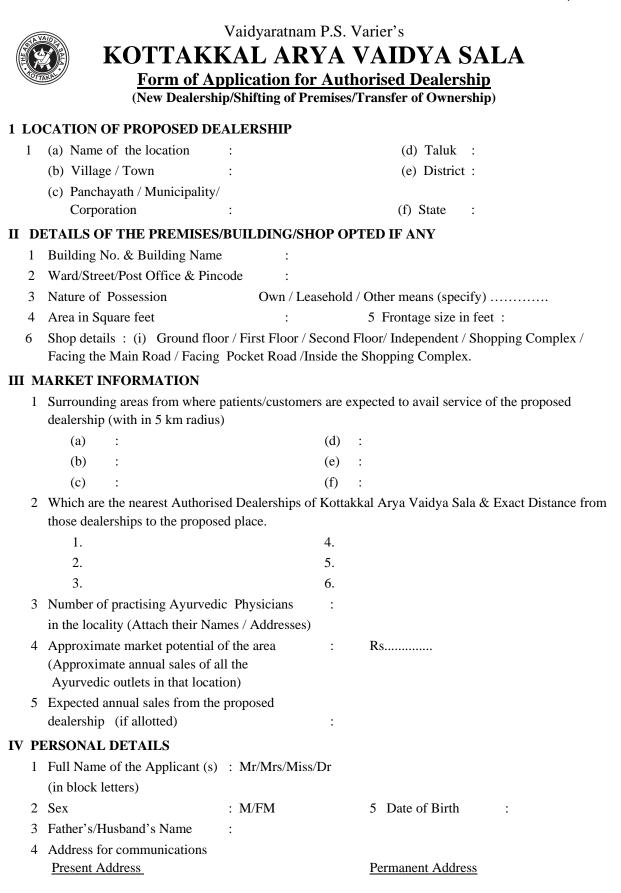
Kott



	5	Nature of the Constitution of the proposed business						
		(a) : Proprietorship	(c)	:	Company			
		(b) : Partnership	(d)	:	Any other form (specify)			
	6	Phone No./ Contact No. (with S.T.D. Code) :						
		Applicant's			Spouse's			
		Office :						
		Res. :						
		Mobile :						
	7	Educational/Professional Qualification	:					
	8	Personal reference for consideration (a)	:					
		(Address and Phone Number)						
		(b)	:					
	9	Present occupation if any (specify)	:					
		Present occupation of the spouse	:					
	11	Business experience if any (specify)	:					
V FINANCIAL DETAILS								
	1	Do you ensure to make an Initial purchase						
			:	Y	Ces No			
		monthly purchase of a minimum of ₹ 50,000/	-					
VI GENERAL INFORMATION								
	1	Do you plan to deploy an Ayurvedic			2 Frequency of the visit of the			
	2	Physician in the dealership	:		Physician in the dealership	:		
	3	Specify if you or your relatives have : any association/partnership or interest						
		in the business of ayurvedic medicines of						
		other manufacturers and if yes, give details	:					
	4	Do you have a valid S.T/C.S.T.	:					
		registration number. If yes, specify						

NOTE:

◆ Submission of this application will not confer any right to the applicant to get the outlet sanctioned
◆ All queries should be answered, it is mandatory. Incomplete application will be rejected ◆ Once allotted, ownership cannot be changed/ shop cannot be shifted without written prior consent from Arya Vaidya Sala. ◆ The room will be inspected by AVS official before allotment & there should be an exclusive shop to run the outlet, if granted ◆ Please attach a copy of the PAN card, Aadhar card or Voters ID ◆ In case the dealership is allotted you may report at the office of the Marketing Department for a personal discussion on a prefixed date.

DECLARATION

I hereby declare that the details given above are true and correct to the best of my knowledge and belief. If granted an outlet, I agree to abide by the terms and conditions in the running of the outlet prescribed by Arya Vaidya Sala from time to time, I shall not make any claim if my application for grant of outlet is not considered or rejected.

Place :	Signature	:
Date	Name	: