



Vaidyaratnam P.S. Varier's

KOTTAKKAL ARYA VAIDYA SALA

Form of Application for Authorised Dealership (New Dealership/Shifting of Premises/Transfer of Ownership)

I LOCATION OF PROPOSED DEALERSHIP

- 1 (a) Name of the location : (d) Taluk :
 (b) Village / Town : (e) District :
 (c) Panchayath / Municipality/
 Corporation : (f) State :

II DETAILS OF THE PREMISES/BUILDING/SHOP OPTED IF ANY

- 1 Building No. & Building Name :
 2 Ward/Street/Post Office & Pincode :
 3 Nature of Possession Own / Leasehold / Other means (specify)
 4 Area in Square feet : 5 Frontage size in feet :
 6 Shop details : (i) Ground floor / First Floor / Second Floor/ Independent / Shopping Complex /
 Facing the Main Road / Facing Pocket Road /Inside the Shopping Complex.

III MARKET INFORMATION

- 1 Surrounding areas from where patients/customers are expected to avail service of the proposed dealership (with in 5 km radius)
 (a) : (d) :
 (b) : (e) :
 (c) : (f) :
- 2 Which are the nearest Authorised Dealerships of Kottakkal Arya Vaidya Sala & Exact Distance from those dealerships to the proposed place.
 1. 4.
 2. 5.
 3. 6.
- 3 Number of practising Ayurvedic Physicians :
 in the locality (Attach their Names / Addresses)
- 4 Approximate market potential of the area : Rs.....
 (Approximate annual sales of all the
 Ayurvedic outlets in that location)
- 5 Expected annual sales from the proposed dealership (if allotted) :

IV PERSONAL DETAILS

- 1 Full Name of the Applicant (s) : Mr/Mrs/Miss/Dr
 (in block letters)
- 2 Sex : M/FM 5 Date of Birth :
- 3 Father's/Husband's Name :
- 4 Address for communications
Present Address Permanent Address

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) :

	<u>Applicant's</u>	<u>Spouse's</u>
Office	:	
Res.	:	
Mobile	:	

7 Educational/Professional Qualification :

8 Personal reference for consideration (a) :
(Address and Phone Number)

(b) :

9 Present occupation if any (specify) :

10 Present occupation of the spouse :

11 Business experience if any (specify) :

V FINANCIAL DETAILS

1 Do you ensure to make an Initial purchase of a minimum of ₹ 1,50,000/- and regular monthly purchase of a minimum of ₹ 50,000/- : Yes No

VI GENERAL INFORMATION

- 1 Do you plan to deploy an Ayurvedic Physician in the dealership : 2 Frequency of the visit of the 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 :