

# AUTHORIZED TRAINING CENTRES PROFILE AND APPLICATION FORM

Please answer all the questions in the application accurately and thoroughly as it will help us to judge the business potential of your location. Once you have filled the application form please send it to the corporate office along with a non-refundable application form fee of Rs. 1000/- to be paid in favour of "APIC Institute of HealthCare Studies" payable at New Delhi or by Cash..

On receipt of the application form, our executive will contact you with the Franchise Proposal.

Thanks for

Name of Company : \_\_\_\_\_

Address : \_\_\_\_\_

State : \_\_\_\_\_ Pin Code

Telephone : \_\_\_\_\_

Fax : \_\_\_\_\_

Email : \_\_\_\_\_

Name of person who should be contacted \_\_\_\_\_

Name of person completing application

Signature with seal

Date :    /    /200

DD No./Cheque No. \_\_\_\_\_

# Personal Profile

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ State : \_\_\_\_\_ Pin Code :

Home : Own/Rent \_\_\_\_\_ How Long (Own or Rent?) \_\_\_\_\_

Home Phone : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Best Time to Call : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Marital Status : \_\_\_\_\_

Number of Dependants : \_\_\_\_\_

Health :            Excellent                                  Good                                  Fair                                  Physical                                  Limitations

Spouse's Name : \_\_\_\_\_

Spouse's Occupation : \_\_\_\_\_

If Married, Will Spouse Be Active In Business : Yes/No

How Long Married? : \_\_\_\_\_

Number of Children : \_\_\_\_\_

Age of Children : \_\_\_\_\_

Educational Background : \_\_\_\_\_

School Name/Location	Years Attended	Major / Degree(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience : List most recent employment / Business First.

Company:	Type of Business	Position / Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you, or have you been, self-employed? Yes / No

What, if any, Franchise Involvement have you had?

(If you are applying for a Franchise in partnership with another person, Please complete separate profiles. Please attach a current resume in the prescribe format.)

# Company Profile

Nature of Company :                      Prop.                      Partnership                      Pvt. Ltd.                      Ltd./Society / Trust

Type of Business Company is currently involved : \_\_\_\_\_

Existing Turnover of the company : \_\_\_\_\_

Associates of the Company : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turnover of the Associate : \_\_\_\_\_

Will you have a Business Partner(s) in your APIC Centre?:    Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Partner(s)	Relationship of Partner(s)
_____	_____
_____	_____
_____	_____

If Yes, what role will your business partner have in the business? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for the day-to-day operations of the business? : \_\_\_\_\_

How will you finance the business (In Lakhs)? :

Own Capital	Loans	Other Sources
_____	_____	_____

What are you location preferences?

First Choice	Second Choice	Third Choice
_____	_____	_____

Why do you think these areas would be successful for operating an APIC Centre? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When would you like to open your APIC franchise? \_\_\_\_\_

Business References :

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Please include any additional information you would like us to know :
- Use separate sheets wherever required
- Attached geographical map of your location, if possible.

## General Survey of Your Area

Five Established Management/Computer Training Institutes :

Name	Location	Present Strength	Year of Establishment

Five Established Companies :

Name	Location	Turnover	Year of Establishment

⇒ Population of your location : \_\_\_\_\_

⇒ No. of Degree Colleges : \_\_\_\_\_

⇒ No of Science Colleges : \_\_\_\_\_