

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 :

<i>Name</i>	<i>Location</i>	<i>Present Strength</i>	<i>Year of Establishment</i>

Five Established Companies :

<i>Name</i>	<i>Location</i>	<i>Turnover</i>	<i>Year of Establishment</i>

⇒ *Population of your location :* _____

⇒ *No. of Degree Colleges :* _____

⇒ *No of Science Colleges :* _____