



To be filled in by those in business:

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)

- |                         |                          |                             |                          |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Marketing/Sales      | <input type="checkbox"/> | 2. Health Care              | <input type="checkbox"/> |
| 3. Education/Training   | <input type="checkbox"/> | 4. Profit Center Management | <input type="checkbox"/> |
| 5. Small Business Mgmt. | <input type="checkbox"/> | 6. Other (Specify)          | <input type="checkbox"/> |

4. Are you currently associated with any professional group/association? Yes  No

If yes, give details: \_\_\_\_\_

## SECTION II: THE PROPOSED CENTRE

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

- |                |                          |             |                          |              |                          |
|----------------|--------------------------|-------------|--------------------------|--------------|--------------------------|
| Proprietorship | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Private Ltd. | <input type="checkbox"/> |
| Public Ltd.    | <input type="checkbox"/> | Society     | <input type="checkbox"/> | Trust        | <input type="checkbox"/> |

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

- a) Yes  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 \_\_\_\_\_

3. When do you propose to setup the new venture?

- |             |                          |                      |                          |                    |                          |
|-------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|
| Immediately | <input type="checkbox"/> | Within next 3 months | <input type="checkbox"/> | Next 3 to 6 months | <input type="checkbox"/> |
|-------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|

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 :

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From: _____  To: _____		

7. In case you do not have a site, do you plan to take on rent? Yes  No

If yes, within how many months? \_\_\_\_\_

8. How much funds are you willing to invest?

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

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

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10. State reasons why Apollo Medskills should consider you as a business partner.

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_