

PARTNERSHIP REGISTRATION FORM

1. NAME OF THE PERSON/PERSONS _____
2. ADDRESS _____
3. CITY _____ STATE _____ COUNTRY _____
4. ZIP CODE _____
5. EMAIL ID _____ @ _____
6. PHONE NOS / MOBILE _____ LANDLINE {ISD _____

OTHER DETAILS

1. CURRENT BUSINESS _____
2. INVESTMENT PLAN TO INVEST _____
3. NATURE OF THE COMPANY PVT LTD LTD PARTNERSHIP PROP
4. NAME OF DIRECTORS/PARTNERS _____
5. PRESENT TURNOVER _____
6. EXPERIENCE IN PHARMA AND OTC MARKETING _____
7. BUSINESS DETAILS _____
8. MANPOWER DETAILS _____
9. WHEN DO YOU PROPOSE TO SET UP THE NEW VENTURE
IMMEDIATELY WITHIN 3 MONTHS NEXT 3 TO 6 MONTHS