

Knowledge Partnership Application Form-KPAF

To determine mutual compatibility, we request your participation in filling the details desired by the management to consider partnering with you for ICRI. The information supplied by you will be held in the strictest confidence. ICRI is aware that the information sought is personal. If you have any objection to answering a specific question, please mark it with a cross (X). The submission of this form does not constitute an agreement by either party and is purely for information purposes.

APPLICANT'S DETAILS

Name: Mr./Mrs./Ms.: _____

PHOTO

Date of Birth: _____

Marital Status: Single ()

Married* ()

*Spouse's Name & Occupation:

*Spouse's DoB: _____

QUALIFICATION ACQUIRED: _____

Any key positions held: _____

Complete Mailing Address: (On later stage proof may be required)

Telephone Number: _____

Mobile Number: _____

E-mail address: _____

Profile (Tick appropriate choice): Business / Service (Please specify)

Firm Name: _____

Key Position in Business: _____



Nature of Business: _____

Address of Business: _____

Approximate turnover: _____

(On later stage proof may be required)

If in service, mention annual income: _____

(On later stage Proof may be required)

Name of Organization: _____

Position in the Organization: _____

Job Responsibility: _____

List any other skills, qualifications or experiences, which may contribute towards your suitability as an ICRI knowledge Partner.

Preferred location to start a center:

Location (Complete address): _____

If wanting to start in Hospital/College/University/Existing Educational Centre/Others, please specify the details: _____

If wanting to start with new premises, please provide details as below:

Proposed Area Details: (Please attach copies of the 2 photographs of the building, 1 photo of the location and a copy of the site plan)

Indoor Carpet Area : _____

Outdoor Area : Yes () No ()

Parking Area : Yes () No ()

Total Area : _____

Nature of Plot : Plot/Flat/Multi-storey constructed building (Kothi)/Others

Nature of Locality : Commercial/Residential/Industrial

Floor Location : Basement/GF/FF/SF

Area Occupancy Status : Rented/Own/Others

Approximate Rent per Sq. ft. : _____

Any nearby parking Space : _____

Prominent Landmark nearby : _____

Population of your Town : _____

Have you visited our website www.icriindia.com ? _____

According to you what is the potential of admissions in ICRI at your location?

In first 3 months: _____ In first 6 months: _____

In first Year: _____ In Next 3 Years: _____

LET'S GET TO KNOW YOU!

Are you related to employee of the ICRI group? Yes () No (). If yes, please state name, relationship and position held: _____

Are you or any member of your immediate family providing products, goods, or services to ICRI? Yes () No (). If yes, please state details: _____

Have you or any member of your immediate family ever owned or worked within a business similar to the proposed franchise (if yes, name the business, outline the product or service, its location and your position)?

Have you ever been involved in a franchised business before? Yes () No ()
If so, which Company and where? _____

How does your spouse feel about your interest in this opportunity? _____

When can you start? _____

How did you learn about ICRI? _____

How did you become aware of this Business opportunity?

_ Magazine: _____

_ Newspaper - Specify _____

_ ICRI visit -Where: _____

_ Website: _____

_ Referral, Whom: _____

_ Others. Please specify: _____

Please survey the surrounding so as to provide the following information. It will help us customize a proposal to suite the requirements of the city and help you make a success of your business.

Total No. of Colleges: _____

Medical/Pharma/Healthcare related College/University: _____

Graduation/PG college/University: _____

If you know any competitor in your proposed area, please provide details (course offered/student strength): _____

I submit the foregoing information as my complete and true personal and financial position at the date shown below. It is expressly understood that this application is not binding upon ICRI as this questionnaire is intended to assist in evaluating my personal and financial qualifications (as a Knowledge Partner). I understand that ICRI is relying upon the information I have provided as a material factor in considering my application to become a Knowledge partner.

Name: _____

Signature: _____

Date: _____