



APPLICATION FORM

INVESTORS FORM

PHOTO

1. Name of Establishment :

2. Full Address :

.....

.....

Father's Name/Husband's Name :

Date of Birth :

Permanent Address :

.....

.....

Educational Qualification:.....

Phone No. : (O) (R).....

Fax No. :

E- mail :

Website :

3. Date of Establishment :

4. Constitution of the firm : Prop. / Partnership / Pvt. Ltd. / Ltd.

Prop.

Partnership

Pvt. Ltd.

Ltd.

5. Name of Prop. / Partner / Director :

.....

PAN :

Name & Address of your Bankers.....

Is any one in your family involved in Pharmaceuticals Business ? Y N



Can invest up to

INR 2 Lacs - 5 Lacs

INR 5 Lacs - 10 Lacs

INR 10 Lacs - 50

INR 50 Lacs - 1 crore above.

Is anyone in your family involved in Pharmaceutical Buisness ? Y N

a) If 'Yes' please Provide Details

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Family Details :

i) Name of Son/s :

ii) Name of the Daughter/s

iii) Name of the Brother/s :.....

b) Person to be contacted in your absence :

Name :.....

Address :.....

.....Tel.No.:.....

Post :.....

Father's/Husband's Name :.....

Relation with the Applicant:.....

(Signature of the Other Recommended Person)

14. Suggestions, if any :

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Place : **Name :**

Date :

Seal

(Signature of the Investor)