



National Board of Medical Health Science & Research

Private & Confidential

This application form is for completion by applicants for the National Board of Medical Health Science & Research (India) Franchise.

The information submitted on this form will be treated by National Board of Medical Health Science & Research (India) as strictly private and confidential.

Please help us by completing all sections carefully and thoroughly and use additional pages/appendices as necessary. This form will present information that is essential for our consideration in granting the franchise.

The completion of this application form places no continuing obligation on either the National Board of Medical Health Science & Research (India) or you. (But of course we hope it will have a happy outcome for all!)

Applicant's Name

Applicant's Company

Date

Personal Information

1. Personal Details

Title	
Full Name	
Current Address	
Permanent Address	
Telephone	
Mobile	
Fax	
Country	
Email Address	
Nationality	
Date of Birth	
Marital Status	
City/Town	

2. Business Experience

1 Have you had any previous experience in the Medical industry? If yes - please describe:

2 Will this Franchise be owned and operated by yourself - or by a group? If a group - please describe the other investors:

3 Have you ever been self-employed? If yes - please describe:

Business Organization

3. Operating Company

1 Will you be utilising a company that currently exists to take on the franchise?

2 Attach an organizational chart showing any associated companies. Describe.

Management

1 Indicate name of existing or proposed Director(s) and General Manager of the operating company and their previous commercial experience.

Name	Position	Commercial Experience

2 . Does the operating company or do you now have a person at your disposal who is in a position to assume responsibility for the day-to-day management of the Franchise business?

Financial Resources

5. General Information

1 How much unencumbered capital do you have available to invest in the National Board of Medical Health Science & Research (India) Franchise?

2 How much capital, if any, will you have to borrow?

3 Do you have a source of financing? If yes - how much financing is available?

6. Agreement

I hereby declare that to the best of my knowledge and belief, the above statement and particulars are true and complete. I also authorize you to make any enquiries you consider necessary in connection with this application. I am aware that should this application be refused, no reason need be given.

I understand that any misrepresentation of factual information requested on this application form may be a cause for removal from the the National Board of Medical Health Science & Research (India) system.

Applicant's Signature

Date

Co-Applicant's Signature

Date