

Customer profile

Your Photograph

(1) Name of firm : \_\_\_\_\_

(2) Address : \_\_\_\_\_

(3) City : \_\_\_\_\_ PIN : \_\_\_\_\_ District : \_\_\_\_\_ state : \_\_\_\_\_

(4) Phone No. : {O} ( \_\_\_\_\_ ) {R} ( \_\_\_\_\_ )

(5) Mobile No : {1} \_\_\_\_\_ {2} \_\_\_\_\_

(6) E-mail Id. : {1} \_\_\_\_\_  
{2} \_\_\_\_\_

(7) Name of Partners & Residence Address :-

[a] Name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

[b] Name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

[c] Name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

(8) (a) Contact Person Name : \_\_\_\_\_

(b) Designation : \_\_\_\_\_

(c) Career Summary : \_\_\_\_\_

(9) Drug License No. : {1} \_\_\_\_\_ {2} \_\_\_\_\_

(10) Tin No. S.T: \_\_\_\_\_ C.S.T. \_\_\_\_\_

(11) PAN No. : \_\_\_\_\_

(12) Bank Name : \_\_\_\_\_

Bank Address : \_\_\_\_\_

CCity: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

**(13) Products Interests :**


**(14) Area Of Operation:**


**(15) Expectation Of Business:**

1	First Three Months	Rs.
2	After Three Months	Rs.
3	After One Year	Rs.

**(16) Working System : (a) Self**

YES		NO	
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**(b) Professional Medical Sales Representative No.:**

**(17) Your tentative investment for business:**

RS.

**(18) Dealing of other Company If Any :**


**(19) 'C' form & Road Permit Available:**

**(20) Signature With Firm Stamp :**

Place & Date:

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(Please fill up above profile form. And return to us as soon as fast.)

(This form is use only for Biophar Lifesciences Pvt. Ltd.)