



Preliminary Demand Assessment

Location Preference

1.....

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2.....

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3.....

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Full Name

.....

Educational Qualification

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Age

.....

Address

.....

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Contact No.

Code No.....Residence.....

Mobile No.

.....

Email

.....

Work Experience (No. of Years)

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Business Experience (No. of Years)

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Investment Capability (in lac) Personal

.....

Bank/Financial Institution

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Space Available Yes /No.

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If yes, What is the sq. feet area

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Is the premises own/leased

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Please give us some background information about yourself

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Network Partner Profile

1. Name of organization/Institution /Company.....
2. Type of O. /I./C. Proprietary.....Partnership.....Pvt. Ltd.
3. Profile of Owners 1.....2.....3.....
Name.....
Educational Qualification.....

Experience

4. Other Business.....
5. Bankers Name & Address.....
6. Banks Facilities.....
7. Numbers of years in Business.....
8. Business growth for last 3 years.....
9. Nature of Business :- Trading/Manufacturing/Servicing.....
10. Type of Business :- Technical /Trading.....
11. Exposure of Pharma Industry.....
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12. Exposure of Similar Courses.....

13. Experience in Pharma Business.....

14. Experience in Educational Institution.....

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15. Previous Experience in Running Training Centre.....

16. Number of People Employed.....

17. Customer (Name Few).....

18. Vendors (Name Few).....

19. Reasons for Chossing IIMR Franchisee.....

20. What motivated you.....

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