

VLCC HEALTHCARE LIMITED - FRANCHISEE APPLICATION FORM

1. This docket contains the following forms:

Form a.: Personal Profile. To be filled by the "First Applicant".
Form b.: Organization Details of the Franchise Seeker.
Form c.: Financial Details of the Franchise Seeker / Partners / Entity.
Form d.: Franchise Details (Covers details regarding location)
Form e.: Industry Expertise

Annexure: Market Potential Survey. It has to be filled by Promoters, Partners / Directors and other key persons (if any) who would be committed to the day-to-day operations of the proposed franchise centre.
2. Please attach supporting documents wherever asked for or necessary.
3. Please use separate sheets wherever required.
4. Photocopy of this Application Form is also acceptable.
5. Submission of this application form does not guarantee the approval of Franchise. The Franchiser has the right to reject or accept the application form for whatsoever reasons.
6. Please do not leave any clause/ column blank. Mention 'No' or 'NA', if and wherever applicable.
7. The last date for receipt of completed Franchise Application Docket is _____.
8. The completed pack marked '**CONFIDENTIAL**' with all the enclosures should be couriered to:

Dr. G S Kochar / Jatin Rai.

Department of Franchise Development
VLCC Health Care Limited
64, HSIDC, Sector-18, Maruti Industrial Area, Gurgaon - 122015
Haryana (India)

Landline : 0124- 4719700

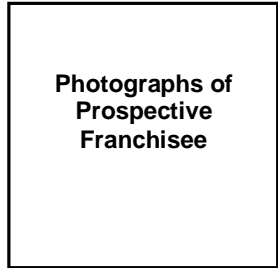
Direct : 0124- 4719809 / 4719739

Mobile : +91 – 9810240885 / +91 - 9212403280

E mails : franchise@vlcc.co.in ; dr.kochar@vlcc.co.in ; jatin.rai@vlcc.co.in

Website : www.vlccwellness.com

Form a.: PERSONAL PROFILE



Name of the applicant _____

_____ DOB: _____

Permanent Address _____

Communication Address _____

Pin: _____

Pin: _____

Tel. Nos. (O) _____ (R) _____ (M) _____

Fax: _____ E-Mail: _____

Qualifications

Degree / Diploma / Certificate	University / Institution	Subjects	Year Of Passing

Business / Employment experience (if any)

Nature Of Involvement (Prop./Partner/ Director Or Designation)	Name Of Organization	Nature Of Business	Turnover	Nature Of Work	Salary Drawn	Year		Products	No. Of Employees
						From	To		

Annual Family Income: _____

Applicant's SWOT Analysis:

Strengths

Weaknesses

Opportunities

Threats

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief.

DATE : _____

PLACE : _____

SIGNATURE: _____

NAME : _____

Form b.: ORGANIZATIONAL DETAILS

Name and Address of the Prospective Franchisee Organization: _____

Type of Organization

- | | |
|---|--|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Limited Company |

Details of Promoters/Directors/ Partners

Name	Age	Proposed share holding In franchise	Other business Activities	Whether worked somewhere	Nature of duties & responsibilities

Names of Non-Promoters / Non-Directors/ Non-Partners/ Key Personnel being offered profit sharing or stock options who are going to be fully committed to the operation of the franchise centre

Name	Age	Activities To Be Taken Up At The Centre

Please state briefly the reasons for getting into this business

Form c: FINANCIAL DETAILS

Willing to Invest for VLCC Healthcare Franchise in your city (Rs. In lacs): _____

Financial Strength from own sources (in case of partnership, please indicate the amount to be invested by each partner)

Name	Amount to be invested (Rs. in Lacs)	Time required to mobilise the funds
TOTAL		

From other sources

Source	Amount to be Invested (Rs. in Lacs)	Time required to mobilise the funds
TOTAL		

(NOTE: Please check that the details are in tune with the investments required for the city chosen by you. It is expected to have the required funds within two / three weeks of awarding of Franchise rights. All agreements shall be executed within this period)

Your Present Source of Income from business etc. (Give broad details)

Form d: FRANCHISE DETAILS

City where you wish to open VLCC Healthcare Franchise: _____

Proposed location within the city (Complete Address): _____

Reasons for choosing the location: (Please furnish details regarding location, competition, proximity to shopping complexes / residential localities and status of the neighborhood etc. supported by map).

a. _____

b. _____

c. _____

d. _____

Current infrastructure, which can be made exclusively available for VLCC FRANCHISE operations

a. Whether having any premises

Yes No

If yes, please attach drawings.

b. If yes, nature of premises

Owned Rented

c. Covered Area (In Sqft.): _____

d. Is the site ready for use: _____. If yes, please attach photos _____

e. **LOCATION & RATIONALE**

If you are not allotted franchise at above mentioned city, would you like to apply for franchise at any other city / town? If yes, fill in the following details.

S.No.	Name of the City / Town	Reasons for choosing this City / Town

Form e: INDUSTRY EXPERTISE / EXPERIENCE

In case you are already engaged in the slimming, beauty and fitness industry please give the following details

Name of the Organization: _____

Nature of Association: Working / Franchise / Owned / Active Partner / Sleeping Partner / Others, specify_

Total No. of years of Association: _____

Total Annual Turnover last year: Rs. _____

Total no. of full time doctors: Dermatologists: _____ Cosmetologists: _____ Others: _____

Total no. of part time doctors: Dermatologists : _____ Cosmetologists: _____ Others: _____

Total no. of other staff: Managerial _____ Executive _____ Others _____

(Attach brief profile of your managerial and executive staff)

Total area being used (sq. ft): _____ (Attach sketch and photos.)

Please mention your marketing expertise in brief. _____

Please describe briefly, the Basic Business Strategy you have in mind to develop VLCC Healthcare's business in your area (Fill it even if you don't have any experience in this industry)

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief.

DATE : _____

SIGNATURE: _____

PLACE : _____

NAME : _____

MARKET POTENTIAL ANALYSIS

(To help us know how well you understand the real potential of this business.)

CITY / TOWN DETAILS

City / Town Name _____ Population in Lacs _____

Other satellite cities / towns from where customers may come in :

_____ Population in Lacs _____

_____ Population in Lacs _____

_____ Population in Lacs _____

Income and Lifestyle

1. What is the major source of income for people in your city?

a. For business class, mention type of business they indulge in: _____

b. For service class, mention name of companies: _____

2. What is the major pastime for people on Weekends in your city? _____

3. Mention the percentage of people living in your city within below mentioned income levels?

Income Levels	Above Rs. 50,000 p.m.	Rs. 25,000 to Rs. 50,000 p.m.	Rs. 10,000 to Rs. 25,000 p.m.	Below Rs. 10,000 p.m.
Percentage of people				

Mention your estimates if you don't have accurate figures. If you have accurate figures, mention the source of your information. _____

List the existing slimming, beauty and fitness centres in your city.

S.No.	Name Of Centre	Location	Strength Areas	Monthly Sales	Rank As Per Popularity

Please comment whether any of the above centre functions like a good corporate with modern facilities and management practices

S.No.	Name Of Centre	Comments
1		
2		
3		
4		

Note: Use Additional Sheet to provide detailed information about competitors, if required

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief.

DATE : _____

SIGNATURE: _____

PLACE : _____

NAME : _____

Enclosures Checklist: Form a. _____ Form b. _____ Form c. _____ Form d. _____ Form e. _____

Return to:

Dr. G S Kochar / Jatin Rai

Department of Franchise Development
VLCC Health Care Limited
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