

GOA ANTIBIOTICS & PHARMACEUTICALS LTD.

(Subsidiary Of HLL Lifecare Ltd, A Government of India Enterprise)

TUEM, PERNEM - GOA 403512 Tel.:/2201416/417/418/256 Fax.: 0832 - 2201278

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	QL	JESTIONNAIRE FOR APPOINTMENT OF BU AYURVEDA, HOMOEOPATHY	· · · · · · · · · · · · · · · · · · ·
01		Name of the Firm	
02		Full Postal Address	
	а	Telephone No.	
	b	Fax No.	
	С	E-mail	
03		Constitution of the firm (Private or Public Ltd Company)	
04		Wholesale Drug Licence No. and date of issue	
05		Business Turnover for last five years.	
06		Name of the Company / Companies for which you are holding Franchisee/C & F / Stockistship / Distributorship with period of business and the present status.	
		Name and address of Bankers	
07	а	Details of Cash Credit Limit or any other facility being availed from the bank	
08		Details of Marketing/ Distribution setup	
	а	Manpower (for field work)	
	b	Manpower (for Office work)	
	С	Geographical Coverage	

09	а	Brief note on Product Promotion experience	(Please attach the separate sheet)
	b	Distribution set up of your Company	(Please attach the separate sheet)
	С	Details of state wise sales operation if any	
	d	Details of Branches, if any	
10		Please submit the photocopy self attested of following document.	
	а	Valid Wholesale Drug Licence	
	b	Sales Tax / VAT registration certificate	
	С	Latest Sales Tax Clearance Certificate.	
	d	Latest Income Tax Returns & Clearance Certificate.	
	е	Balance Sheet/ P & L accounts for last three years.	
	f	Memorandum & Article of Association	
	g	Certificate that firm is not convicted	
11		Any other documents can be attached in support of your offer.	

Place :	
Date :	
Details of Enclosures:	Signature (with Rubber Stamp)