

FRANCHISE APPLICATION FORM

PERSONAL INFORMATION:

Name: _____ Father Name: _____ GENDER: _____

Date of birth: _____ Email: _____ CNIC NO: _____

MOBILE NO: _____ Land line No: _____ Religion: _____

RESIDENTIAL ADDRESS: _____

BANK ACCOUNT DETAILS: _____

QUALIFICATION:

Sr :	DEGREE	INSTITUTE	YEAR	SPECIALIZATION

Experience:

Sr:	NAME OF ORGANIZATION	PERIODS	REASON FOR LEAVING

CURRENT WORK PLACE: _____ DESIGNATION: _____

EXPECTED BUSSINESS VOLUME:

1 st to 3 rd Month	4 th to 6 th Month	6 th to 12 th Month

Feasibility of site:

Proposed site Address: _____

Page | 2

Medical Activity in the Area:

DO YOU HAVE EXISTING FRANCHISE OF Galaxy Diagnostic Lab? Yes: ☐ **No:** ☐

IF YES GIVE DETAILS: _____

DO YOU HAVE ANY OTHER LAB FRANCHISE? YES: ☐ **No:** ☐

IF YES GIVE DETAILS: _____

Please attach the following documents with Application:

- Copy of CNIC
- 2 passport size pictures
- Original affidavit on stamp paper.(as per PHC format)
- Copy of NTN
- Last one year bank statement.
- Any other relevant documents.

Applicant name: _____ **Application date:** _____

Applicant Signature: _____

For office use only:

Reviewed by: _____ **Signature:** _____

Approved by: _____ **Signature:** _____

Remarks: _____