



FORM FOR CHEMIST

1.	Name of the Chemist	
2.	Location address of the shop	
3.	Address for correspondence (<i>if different than 2 above</i>)	
4.	Name of the Owner / Contact person	
5.	Cell No(s) of the contact person Email ID	(1) (2)
6.	Regn. No. (with Pharmacist Association/Council)	
7.	Regn. No. , date & validity (under Shops & Estt. Act.	
8.	Shop operational since when?	Years
9.	Usable area of the shop	Sq. Mtrs.
10.	Whether on ground floor? If not, on which floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	No. of staff/pharmacists	
12.	How much discount (in percentage) will you offer on the MRP (minimum 5% compulsory)	

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दिनांक सह हस्ताक्षर मुहर के साथ / Signature with dated & Seal