

APPLICATION FOR DEALERSHIP

1.	Dealership applied for	Area / City :	State :
2.	Name and address of Firm / Applicant		
3.	Name of Chief Executive		Designation :
4.	STD Code :	Phone (Office) :	Phone (Home) :
5.	Fax :	Email :	Mobile :
6.	Legal Status of the Applicant	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited	<input type="checkbox"/> Co-operative society <input type="checkbox"/> NGO / Non profit organisation <input type="checkbox"/> Un-registered Firm <input type="checkbox"/>
7.	Sales Tax registration number (Attach copy of the certificate)	LST Number :	
		CST Number :	
8.	Date of Starting the present business		How Long you are in Business (Years)
9.	Name of other Businesses under the same Management		

10.	Details of present business (Please attach additional sheets wherever necessary)		
	Products dealing presently		
	Last Year Turnover	Year :	Amount:
	Major Suppliers		
	Other Details of Present business		

11.	Details of the present infrastructure (Attach additional sheet if necessary)		
	Number of employees	Total :	Sales Staff : Technically Qualified :
	Office	Yes / No Area :	Sq. Ft
	Show Room	Yes / No Area :	Sq. Ft (Attach a photograph of the showroom)
	Godown	Yes / No Area :	Sq. Ft
	Service Centre	Yes / No Area :	Sq. Ft
	Vehicle	Two Wheeler / Four Wheeler	

12.	Any other information, which you may feel relevant about you / your business.
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13.	Products interested in marketing in your area (Tick Product(s) of your interest)		
<input type="checkbox"/>	Solar PV Modules	<input type="checkbox"/>	Solar Generators
<input type="checkbox"/>	Solar Lanterns	<input type="checkbox"/>	Solar Inverter
<input type="checkbox"/>	Solar Home Systems	<input type="checkbox"/>	BOS for Solar Systems
<input type="checkbox"/>	Solar Street Lighting systems	<input type="checkbox"/>	Energy Saving Lamps
		<input type="checkbox"/>	Indoor lighting Luminaries (AC)
		<input type="checkbox"/>	Rechargeable Lantern
		<input type="checkbox"/>	CFL Road Lighting luminaries
		<input type="checkbox"/>

14.	Your market forecast on Solar business in your area		
	Target Market	Government (Subsidy) / Consumer (non-subsidy) / Institutions / Local Bodies /	
	Expected Sales Volume	Year :	Amount : Rs.
	Other players in Solar business in your area		

15.	Investment / Infrastructure planned for the Solar Business		
	Investment in Show Room : Rs.	Investment in Stocks : Rs.	
	Showroom Area (Sq ft) :	Number of Sales Staff :	
	Number of Technicians :	Date of Starting the Business (Planned) :	
	Any other information :		

Name			
Place			
Date			
		(Seal)	(Signature of the Authorised Signatory)

Attach copies of sales tax registration certificates, SSI registration certificates, brochures, Pamphlets, Photograph of the present Show Room and any other literature available with this form.