
APPLICANT'S PERSONAL INFORMATION

DATE: _____

CITY APPLIED FOR: _____

ARE YOU AN EXISTING M&M DEALER : **YES** **NO**

APPLICANT NAME: _____

DATE OF BIRTH: / / **PLACE OF BIRTH:** _____
(DD / MM / YYYY)

SEX: **MALE** **FEMALE** **MARITAL STATUS:** **YES** **NO**

FATHER'S NAME: _____

RESIDENCE ADDRESS: _____

CITY : _____ **PIN:** _____ **STATE:** _____

TEL./ FAX: _____
(STD CODE) (NUMBER)

OFFICE ADDRESS: _____

CITY : _____ **PIN:** _____ **STATE:** _____

TEL./ FAX: _____ **MOBILE:** _____
(STD CODE) (NUMBER)

CITIZENSHIP: _____

E-MAIL ID: _____

NATURE OF M&M DEALERSHIP (PLEASE TICK)

SOLE PROPRIETORSHIP

PARTNERSHIP

PRIVATE. LIMITED. CO

PUBLIC LIMITED. CO

ANY MAJOR ILLNESS DURING LAST ONE-YEAR: (Y/N)

IF Y PLEASE SPECIFY _____

PHYSICAL DISABLITIES IF ANY: _____

EDUCATIONAL AND PROFESSIONAL QUALIFICATION OF APPLICANT/S

NAME	AGE	YEAR	EDUCATIONAL QUALIFICATION				INSTITUTION
			GRADUATION	POST GRADUATION	AUTOMOBILE DEGREE	OTHER DEGREE	

TOTAL ASSETS OWNED BY THE APPLICANT/S (IN RS. LACS)

Name	Movable Assets	Immovable Assets	Total

PLEASE GIVE BELOW THE WORK EXPERIENCE, RESPONSIBILITIES HELD AND ACHIEVEMENTS OF THE APPLICANT/S. *(NOTE MORE THAN 200 WORDS)*
