

APPLICATION FOR CORPORATE PROGRAMES

NAME OF THE FIRM/COMPANY_____

ADRESS WITH EMAIL ID AND PHONE NUMBER

TYPE OF FIRM

ESTD

ANNUAL TURNOVER FOR LAST THREE YEARS

PRODUCTS MANUFACTURED/MARKETED

AREA OF OPERATION

DISTRIBUTION MODE

NO. OF MACHINARIES AND OPERATIONAL SHIFTS

WORKING HOURS:

NUMBER OF STAFFS

MARKETING___DESPATCH AND STORE___QUALITY CONTROL____SUPPORT STAFF___

TRAINING TO BE ATTENDED BY_____SALES/MARKETING
PERSONNELS/PRODUCTION/OFFICE STAFFS

(DETAILS OF THE ATTENDING PERSONNELS ARE ATTACHED—TO BE FILLED 2WEEKS
BEFORE THE PROGRAMME)

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NAME

PHOTO

SEX

DATE OF BIRTH

CURRENT ADDRESS WITH TEL NO. AND EMAIL ID

RENTED/OWN HOUSE SINCE

PERMANENT ADDRESS

DESIGNATION

REPORTING TO

WORKING SINCE

PREVIOUS EXPERINCE (IF ANY)

ACADEMIC QUALIFICATIONS

PROFESSIONAL QUALIFICATIONS

FAMILY BACKGROUND

TOTAL FAMILY INCOME _____

GRAND FATHER'S OCCUPATION

FATHER'S OCCUPATION

UNCLE'S OCCUPATION

MOTHER'S OCCUPATION

SPOUSE OCCUPATION

BROTHERS AND SISTERS AND THEIR OCCUPATION

FATHER IN LAW'S OCCUPATION

PERSONAL STRENGTHS

AMBITION

WEAKNESS

APPLICATION FOR CORPORATE PROGRAMES

WE DISCUSS THE FOLLOWING PARAMETERS IN ANY SITTING

1. PRODUCT LINE.
2. PRESENT MARKETING STRATEGY.
3. COMPETITIVE BRANDS.
4. STRENGTH AND WEAKNESS.
5. VISION AND MISSION STATEMENT
6. BREAK-EVEN LIMIT.
7. BUDGET LIMIT.
8. PRESENT MARKETING INFRASTRUCTURE.
9. PRESENT MANAGEMENT SYSTEM.
10. PAST SUCCESS AND FAILURE.
11. VARIOUS SALES PROMOTION PROGRAMMES ADOPTED BY YOU IN PAST AND PRESENT.
12. LIST OF PROBLEMS TO BE ADRESSED
13. POSSIBLE SOLUTION TO YOUR PROBLEMS.
14. LINE OF ACTION TO BE ADOPTED FOR FURTHER ACTION.
15. TURN OVER IN LAST THREE YERRS -PRODUCT WISE, AREA WISE, REVENUE, GROSS AND NET PROFIT.
16. MAN POWER ACTIVITIES AND PERFORMANCE
17. SYSTEM /FUNCTIONS

YOU ARE REQUESTED TO KEEP THE BASIC DATA WITH YOU.