JANMAN
GENERIC AUSHADHI

APPLICATION FOR OPENING "JANMAN GENERIC AUSHADHI"

CITY: ..... STATE:.....

Name of the Applicant :	
Address:	

Status of the Applicant (Tick Box)

- ☐ Individual Entrepreneur — ☐ Do you Required Setup Support?
- ☐ Partnership — ☐ Do you Required Setup Support?
- ☐ Migration
- ☐ Sub-Store

Name of the Pharmacist	
Contact Number	
Name of the Owner	
Owner Contact Number	
Contact Person	
Contact Number	
Email ID	
Aadhar Number	
PAN Number	

Proposed Location for Opening JANMAN GENERIC AUSHADHI

Address Line 1	
Address Line 2	
Block / Taluk / Mandal *	
District *	
Pic Code	
State *	

REFERENCE : Name, Address and Contact Number

Declaration :

I/We hereby declare that all the information as mentioned above is true to best of my knowledge. If any information is found to be incorrect, my/our candidature is liable to be cancelled and may be subject to legal/disciplinary proceedings.

Date: Signature:

Place: Name:

Send Your Documents To:
CEO
JANMAN Pharmaceuticals Pvt. Ltd
Branch Office Puttur:
First floor, Pinto Plaza,
Near adarsha Hospital,
APMC Road, Puttur, Dakshina Kannada,
Karnataka - 574201

Contact for Marketing Assistance:
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