

Silver Spring Building, B/h Xavier's Ladies Hostel, Navrangpura, Ahmedabad 380009 Mo. 9824243567 E-mail: ayulinkfranchise@gmail.com Website: www.ayulink.com



Franchisee Assessment Form

| Name: | |
|--|---|
| Mobile No: | |
| Age / Sex : | |
| Educational qualification: | |
| Address: Home | |
| Address. nome | |
| | |
| Address: Dispensary | |
| Addicess. Dispensary | |
| | |
| Contact details – Landline / Email | |
| Registration No (With State Govt. Board): | |
| Practicing since: | |
| Partnership/Proprietorship? | |
| Present Staff Strength & category: | |
| Practice type detailed | |
| Client profile | |
| Client background | |
| Lower Middle class | |
| Middle Class | |
| Upper Middle Class | |
| Rich | |
| Type Of Treatments You Provide | |
| | |
| Patient treatments profile | |
| Type of major diseases treated | |
| Any special treatment developed or | |
| Practicing? | |
| Any Special Pain management Treatment undertaken? | |
| | |
| List of equipment (for treatment) | |
| Location in the city (area category): | |
| Building access and parking facility? | |
| | |
| Attach the photographs | |
| Dispensary photograph: | Doctor's Room, treatment area, waiting space, |
| | Outside view, Building view |
| Carpet Area if Dispensary & Carpet area of each room | |