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RETAILERS ASSOCIATION OF INDIA

PROFESSIONAL RETAILING SKILLS (PRS)TM Training Partner Application Form

Guidelines:

1. Please answer all questions. If you feel a particular question is not applicable please indicate "N.A".
2. In case of questions with multiple options please tick the appropriate ANSWER.
3. Whenever a name is asked for, please prefix it with Ms/ Mr.
4. If a group of individuals are planning to jointly set up the centre please photocopy the page 2 of the application form, fill in the details of respective members and attach as separate sheets at the end of the application form.
5. If you can provide any additional information that will help us take a decision in your favor, please attach a separate sheet.

Location of the proposed center: _____ (City/Town) _____ (State) _____

Address for Correspondence:

Name of the Firm/ Company / Society / Trust: _____

Proprietary firm Partnership firm Society

Private Ltd company Public Ltd. Company Trust

Contact Person: _____

Correspondence Address: _____

Pin Code _____ State _____

Phone : _____ Fax _____

Registered Address: _____

Pin Code _____ State _____

Phone : _____ Fax _____

Mobile # _____ E-mail: _____

Payment Details:

Enclosed please find our Cheque/Demand Draft no..... For Rs. **500/-**.....

Dated..... drawn on.....

Favouring **Retailers Association of India**, payable at Mumbai towards the application fees.

Company seal:

Authorised Signatory



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SECTION I: PERSONAL DETAILS

1. Name: _____ 2. Age : _____
(First name) (Middle name) (Surname)

3. Address: _____

Affix
Photo

Pin: _____ State: _____ Phone: _____ Fax: _____

4. Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

5. Your Current Business Details

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products /Services offered	Years in Business	Number of People Employed	Turnover (Rs.)		
						Last 3 years		

6. Does your professional background involve any of the following? (Please tick the appropriate box)

- | | | | |
|-------------------------|--------------------------|------------------------------------|--------------------------|
| 1. Marketing/Sales | <input type="checkbox"/> | 2. Software Development & Training | <input type="checkbox"/> |
| 3. Teaching | <input type="checkbox"/> | 4. Profit Center Management | <input type="checkbox"/> |
| 5. Small Business Mgmt. | <input type="checkbox"/> | 6. Customer Service/Sales Training | <input type="checkbox"/> |



SECTION II: THE PROPOSED TRAINING CENTRE

1. How do you propose to set up the Professional Retailing Skills (PRS)TM Training Centre

- Proprietorship Partnership Private Ltd.
 Public Ltd. Society Trust

Is the Proprietorship/Partnership/Company/Already in existence?

- a.) Yes b.) No

If yes, what is the name of the Business/Firm/Company _____

2. How do you propose to set up the Professional Retailing Skills (PRS)TM Training Centre?

- a.) Part of existing center b) New Center

3. Do you already possess a site?

- Yes No.

If yes please provide a copy of the registered ownership deed

4. a) If no, do you have a site in mind?

- Yes No.

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
	From: _____ To : _____		

* Please provide a copy of the agreement

If no, how long will it take to locate a site? Month(s) _____

B) How do you think you will be able to contribute in terms of personal skills and attributes to make this Professional Retailing Skills (PRS)TM Programme a success?



SECTION III: DETAILS OF THE EXISTING TRAINING CENTRE

1. Please provide the following details:

Name of the Center	Years in Existence	Space Available	Location commercial Area/ Residential Area	Number of People Employed	Turnover	
					Last Financial Year	Total (since inception)

2. What are the courses offered at your centre? (Please provide a separate annexure with brochures if any)

Course Name	Duration		Fees (Rs.)	Number Of Students Enrolled	
	Hours	Weeks		Last 12 months	Total (Since Inception)

3. What are the teaching aids available at your centre?

Number of Computers				No of VCRs/VCPs	No of TVs	No of OHP	No of LCD
Multimedia Machine	Configuration (P3/P4)	Nodes	Printers				

4. Please attach a note on the details of the Faculty employed at your center

Name	Designation	Work Experience (years)			Qualifications
		Total	With you	Years of Experience	



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DECLARATION

1. I/We hereby certify that I/We shall remain the applicants and if there is any change in the composition of the applicants before signing of agreement or opening of the Training Centre. I/We hereby agree to get the new applications as well as the new form of organization approved by rai. I/We agree to the rejection of this Application if the changes are not approved by rai.

2. I/We agree that rai as the absolute discretion to accept/reject this application for any reason whatsoever and in the event of the rejection of this Application, the Application Fee paid by us shall be forfeited.

3. I/We certify that all information in this Application Form and on any attachments hitherto is true and accurately represents my/our current and continuing financial conditions. I/We authorize rai to verify any information from whatever source it deems appropriate. I/We understand that any misrepresentations in this statement may result in rejection of this application.

(Name of applicant)

(Signature)

(Date)

(For office use only)

Centre recommended by:

Centre inspected by:

(Name and signature)

(Date)

rai Authorised Signatory

Retailers Association of India (rai)

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