

DISTRIBUTORSHIP/DEALERSHIP APPLICATION FORM

Ref. No. _____ Date _____

NATURE AND DETAILS OF FIRM

NAME:

ADDRESS: _____

CITY: _____ Pin No. _____

Dist. _____ State _____

Tel. No. Office _____ Res. _____

Fax No. _____ Mobile No. _____

E-mail ID _____ Web Site _____

Firm Type: [] Private Ltd. [] Partnership [] Proprietary

TIN No. _____ CST No. _____

Sl. No.	Name	Age	Educational Qualification
1			
2			
3			
4			
5			

I/we hereby confirm that the information given above is true & correct to the best of my/knowledge and ADITYA SOLAR ENERGY PVT LTD will not responsible for any loss (Actual or national) and expenditure (capital or otherwise) occurred by me/us in connection with this application, weather it is accepted or not.

Name _____

Designation _____

Signature _____

Date _____