

Office : Illrd/N/6/1, Chaudhary Morh, Ambedkar Road, Ghaziabad - 201001
Tel: 4377318 Tele - Fax : +91-120-4215005
Gen Info : info@scorpiaindia.in Sales Enquiry : sales@scorpiaindia.in
Service Support : csd@scorpiaindia.in

DISTRIBUTOR EVALUATION FORM

Please complete this form as fully and clearly as possible and attach any other information (eg, company reports, brochures etc) that may assist us in evaluating your company as a potential distributor. Then please return this form via fax or mail to the above address.

COMPANY NAME : _____

1. ADDRESS

For Invoicing

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For Shipping

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Telephone Nos. (area code) (number)

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Faxsimile Nos. (area code) (number)

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E-mail address

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Other Offices _____

(Please state areas covered by each office and number of personnel)

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2. PERSONNEL

	NAME	DESIGNATION	EXPERIENCE (IN YEARS)
Chief Executive			
Marketing Manager			
Chief Executive			
Sales Manager			
Technical Manager			
Purchasing Contact			
Sales Executives/ Engineers			
Technical service personnel			
TOTAL EMPLOYEES			

3. COMPANY

How many years has the company been in operation? _____

What major manufacturers and products do you represent and how long have you represented them?

Company	Product Line	Years	Contact Reference

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List major lines previously carried, but discontinued:

Company	Product Line	Years	Contact Reference

Do you manufacture any medical products? If so, what?

Do you have warehousing and stocking facilities?

Yes / No

Give a brief explanation on the current ways you market your present product lines (sales calls to end users, through sub-dealers, direct sales, etc):

List major meetings/exhibitions attended and the month each usually occurs in your territory:

Meeting/Convention	Month

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4. FINANCIAL

Bank Details _____

Date of Financial Year _____

Sales Volume Last Year _____
(state currency)

Sales Volume This Year _____
(estimated)

Scorpia India require all distributors to submit annual marketing plans and sales targets. Are you willing to comply with this requirement?

Yes / No

How did you came to know about Scorpia India : Website / Business Directory / Through Representative / Other (Please specify)

5. MARKET

What State/ Region do you cover?

Do you operate in the following sections of your country's healthcare system?

Hospital Care - Public Hospitals Yes / No

- Yes / No PHC's
- Yes / No Distt. Hospitals
- Yes / No Medical Colleges

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If yes... Please give Names of Medical Colleges (where you have strong hold) as example:-

- Private Hospitals Yes / No

If yes... Please give Names of Medical Colleges (where you have strong hold) as example:-

- Corporate Hospitals Yes / No

If yes... Please give Names of Medical Colleges (where you have strong hold) as example:-

- Military Yes / No

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In the hospital care market segment, which departments do you deal with?

DEPARTMENT	STATUS	PRODUCTS PROMOTED
Anaesthesia	Yes / No	
Paediatric	Yes / No	
OBS & GYN	Yes / No	
Surgery	Yes / No	
Cardiology	Yes / No	
Adult/Paediatric Intensive Care	Yes / No	
Neonatal Intensive Care	Yes / No	
Delivery Suite/Newborn Care	Yes / No	

DEPARTMENT	STATUS	PRODUCTS PROMOTED
Emergency	Yes / No	
CVTS	Yes/No	

Other Areas (please specify)

Do you monitor all tenders relating to medical equipment purchasing?
 Yes / No

What is your assessment of the market for Scorpia India Healthcare products in your area of operation?

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6. REGULATORY

Is your company registered with Income Tax Dept ? Yes / No

Permanent Account No.: _____

Is your Company registered with Sales Tax Dept ? Yes / No

Local Sales Tax No/TIN No.: _____

Central Sales Tax No.: _____

7. WHICH PRODUCTS ARE YOU INTERESTED IN

EMD-PREMIUM SEGMENT

SECA	Yes / No
SURGIRIS	Yes / No
BORCAD	Yes / No
HEINE	Yes / No
FJORDBLINK	Yes / No
ASA LASER	Yes / No

EMD-CONSUMABLES

MBS INDIA	Yes / No
WEAVER AND COMPANY	Yes / No
PARKER	Yes / No

MEASURING AND CALIBRATION INSTRUMENTS

GOSSEN METRAWATT	Yes / No
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8. Which Area Are your Interested in respresenting Scorpia. Please state...

For	PRIVATE	Yes / No
	PUBLIC/GOVT.	Yes / No
	CORPORATE	Yes / No

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9. ADDITIONAL INFORMATION

Please provide any other information that you feel may be helpful eg, shipping preference (air or surface), details of freight forwarder, Documentations Required (Way Bill, Road Permit) etc.

This statement does not oblige either yourselves or Scorpia India Healthcare to accept or award dealer rights based upon the information submitted herein or on any supplemental information submitted. Further, any information submitted herein will be held in confidence, if designated as "confidential", so long as it is or has not become disclosed to the public or known to Scorpia India from a separate source. Any rights to distribute the products of Scorpia India will be conferred only by written agreements executed by both the dealer and Scorpia India.

Signed : _____
Name : _____
Title : _____
Date : _____
Company Seal : _____