

## The Tamil Nadu Co-operative Milk Producers Federation Ltd.,

No.3-A, Pasumpon Muthuramlingam Salai, Nandanam, Chennai – 600 035. Ph.2346 4563: 578: 579 Toll Free No.1800 – 425 – 3300

## APPLICATION FOR AAVIN FRANCHISE OUTLET

| Name of the Applicant and Contact Address : (Residence)  |                       |
|--|-----------------------|
|  |                       |
|  |                       |
|  | Phone No              |
| Location and Address for Business / Locating the shop.  (Please provide rough map of your Business spot for easy location) |                       |
|  |                       |
| Area:  | Address : (Shop)      |
|  |                       |
|  |                       |
|  |                       |
|  |                       |
| APPLICANT PROFILE:   |                       |
| a) Is the applicant No. b) Nature of existing Business   | ew Existing           |
| c) TNGST/CST/Corp Licence No:  |                       |
| d) Period of Business  |                       |
| e) Monthly turnover  |                       |
| f) Area of the shop  |                       |
| g) Whether the shop Owne   | Leased Rented         |
| h) Infrastructural facilities available:   |                       |
| Bottle Cooler Capacity   | Deep Freezer Capacity |
| Refrigerator Capacity  | ]                     |
| I) New to business:  |                       |
| i) What are the qualification of the applicant?  |                       |
| ii) Whether familiar in retail business line   |                       |
| iii) Work experience if any  |                       |