

**DISTRIBUTOR / DEALER INFORMATION DETAIL (DID)**

1. Firm / Company Name : Messrs \_\_\_\_\_
2. Whether status is PROPRIETORSHIP  / PARTNERSHIP  / COMPANY  (If yes, please tick )
3. Name of the PROPRIETOR / PARTNERS / DIRECTORS: 1. \_\_\_\_\_ (Mobile / Tel. no. \_\_\_\_\_)  
2. \_\_\_\_\_ (Mobile / Tel. no. \_\_\_\_\_)
- 3.a. AUTHORIZED contact persons : 1. \_\_\_\_\_ (Mobile / Tel. no. \_\_\_\_\_)  
2. \_\_\_\_\_ (Mobile / Tel. no. \_\_\_\_\_)
4. Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_
5. Telephone No. : Office : \_\_\_\_\_ Residence : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
(with STD code)
6. Fax No. : \_\_\_\_\_ 7. Email : \_\_\_\_\_  
(with STD code)
8. S. Tax / VAT No.: \_\_\_\_\_ C.S.T. No. \_\_\_\_\_ Income Tax No. (PAN) : \_\_\_\_\_  
(Please attach the Xerox copy) (Please attach the Xerox copy) (Please attach the Xerox copy)
9. Drug Licence No. 1 (if any): \_\_\_\_\_ Drug Licence No. 2 (if any): \_\_\_\_\_  
(Please attach the Xerox copy) (Please attach the Xerox copy)
10. Presently products dealt with (specify name) : \_\_\_\_\_ similar to 'medi' – Y/N (pl. tick ). If 'Y' which 'brand' \_\_\_\_\_
11. Presently Distributor / C&F / Dealer for (Specify Name): \_\_\_\_\_ dealing with any 'medi' dealer – Y/N (pl. tick ). If 'Y' name of the party \_\_\_\_\_
12. Present Area / City of work AND if now also interested (specify name) : \_\_\_\_\_
13. Total no. of Hospital and presently interested with – **Private** – OPD covered - Yes / No. If yes, how many and specify few names (Hospital) with distance (approx.): \_\_\_\_\_  
Directly supplied to-Yes/No. If yes, how many and specify few names (Hospital) with distance (approx.): \_\_\_\_\_  
**Govt.** - Directly supplied to-Yes/No. If yes, how many and specify few names (Hospital) with distance (approx.): \_\_\_\_\_
14. Total no. of speciality (doctors) & presently covered with:  

Cardiology / medicine	Vascular / CVTS	General Surgery	Ortho	Neuro	Physio	Gynae	Onco	Plastic	ICCU / ITU
&	&	&	&	&	&	&	&	&	&
15. Present Manpower : Administration (Nos) : \_\_\_\_\_ Marketing People → Delivery Man (Nos) : \_\_\_\_\_ Meeting with doctors (Nos) : \_\_\_\_\_
16. Investment Interest at first point for new products : Rs. \_\_\_\_\_ (Not required for existing distributors)
17. Now interested with : medi GmbH & Co. KG, GERMANY → Yes / No, Hallufix AG, GERMANY → Yes / No, Euromed, USA → Yes / No
18. If 'yes', above, specify amount of purchase per month to be made for following product range:
  - Stockings for LEG- Anti Embolism Stocking (AES) - Yes / No Medical Compression Stockings (MCS)-Yes/ No  
(mediven@ thrombexin@ 18/mediven@ struva@ 23 & 35) (duomed@ / mediven@ plus)  
If yes, Value in Rs. \_\_\_\_\_ If yes, Value in Rs. \_\_\_\_\_
  - Armsleeves for ARM (MCA) - Yes / No  
Whether from wrist ccl<sub>1</sub> – 710 / 711 - Yes / No ccl<sub>2</sub> – 712 / 713 - Yes / No  
Whether from palm ccl<sub>1</sub> – 730 / 731 - Yes / No ccl<sub>2</sub> – 732 / 733 - Yes / No  
If yes, Value in Rs. \_\_\_\_\_ If yes, Value in Rs. \_\_\_\_\_
  - lipomed@ basic for BODY (MCG) - Yes / No If yes, lipomed@ basic B/D/F/G-M (without sleeves)- Yes / No  
lipomed@ basic B/D/F/G-N (with sleeves) - Yes / No  
If yes, Value in Rs. \_\_\_\_\_
  - lipomed@ face for FACE - Yes / No If yes, Value in Rs. \_\_\_\_\_
  - lipomed@ bra for BREAST - Yes / No If yes, Value in Rs. \_\_\_\_\_
  - Orthopaedic Supports - Low Value (OTC) - Yes / No High Value (Functional Brace) - Yes / No  
(Elastic supports – 501, 601, 603, 605, Genumedi, Epicomed, Lumbar Supports, Achimed, Levamed, medi Step, Thumb Support, Wrist Support, Hallufix splint, Philadelphia Collar) (3C, 4C, 4C Flex, Spinomed, Hinged Knee, medi ROM, M.30A, M.40A, medi ROM, Walker)  
If yes, Value in Rs. \_\_\_\_\_ If yes, Value in Rs. \_\_\_\_\_
19. Special Comments : \_\_\_\_\_
20. Recommended for : I. HP-IP – Y/N (pl. tick ) II. OPD (speciality) \_\_\_\_\_ III. OTC – N / S / E / W / C – Y/N (pl. tick ). If 'Y' proximity to Hospitals (please specify names) \_\_\_\_\_

Signature Of PSP

Signed by & Date