



आईये मिल के बनाएँ स्वस्थ ग्राम स्वस्थ समाज
CCG Life Line आयुर्वेदा Corporation के साथ

Company Ambassador
Anup Jalota अनुप जलोटा

CCG LIFE LINE AYURVEDA CORPORATION PVT LIMITED

Admin Office : 159A, Near Post Office, Patliputra, Patna-13

Website :- www.lifelineayurveda.com, E-mail : customer@lifelineayurveda.com

TOLL No. : 9693-82-33-99

LIFE LINE AYURVEDA STORE

APPLICATION FORM

Company/Organization/Institute/Centre/Individual Profile

1. Name of Company/Organization/Institute/Centre/Individual :

2. Address: _____

Panchayat/Ward: _____

Block: _____

District:

State:

Zip/Pin Code:

3. Mobile No.

4. Fax No.

5. E-Mail ID:

6. Pan No.:

7. Aadhaar No.:

8. Year Established :

9. Number of Employees :

10. Type of Business/Activities:

11. Annual Income :

12. Contact Person:

13. E-Mail ID:

14. Mobile No.:

15. Position

STORE DETAILS

16. Village :

17. Panchyat :

18. Block :

19. Dist.:

20. Branch Name :

Please Attached Following Documents:
(Original to be presented during
verification)(Cross out whatever is not
available)

1. Store Application form

**2. Self Attested copy of
Proof of Address of :**

(Electricity Bill/ Telephone
Bill/Aadhaar card/Voter ID
card/Driving License/Bank
Passbook/Rent Agreement)

- A. Office Location
B. Permanent
Residential Address.

**3. Self Attested copy of
Proof of Identity of :**

(Aadhaar card/Voter ID
card/Driving License/Pan card)

**4. Self Attested copy of
PAN card of
Organization or
Individual**

**5. Cancelled Bank Cheque
Leaf/Self attested copy
of Passbook.**

**6. CHARACTER
CERTIFICATE**

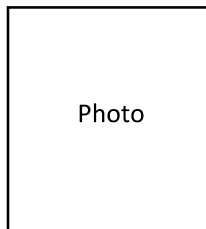
**7. In case of Pvt. Ltd
company, the documents
as under mentioned are
mandatorily required:
Memorandum of
Association, Article of
Association, Certificate of
incorporation, Audited
Financial Statements,
Board Resolution.**

I _____ agree to abide by
the terms and conditions as laid down in various regulations and acts applicable to
working as a Store Channel partner of CCG Life Line Ayurveda Corporation Private
Limited.

I do hereby declare that the foregoing statements and answers are to the best of
my knowledge and belief, true and complete and that they shall be the basis of
contract of this Agency between me and the CCG Life Line Ayurveda Corporation
Private Limited and that if any of the foregoing statements and answers are untrue
or incomplete the said contract shall stand automatically terminated from the date
on which such knowledge comes to the company.

I hereby confirm that this application form has been completed by me in my own
handwriting.

- A. I/We am/are citizen of India, and residing at present address (as
mentioned) since _____.
- B. I/We am/are not a defaulter from any bank or financial institution and also
do not have any criminal cases against me /us and my fame/areily.
- C. I/We promise not to share the customer details with others and use it only
for the purpose of canvassing business of CCG Life Line Ayurveda
Corporation Private Limited & its principal, for which am/we are
associated.
- D. I/We agree to enter into a MOU & Agreement with CCG Life Line
Ayurveda Corporation Private Limited and execute the required
documents at my cost in the event of selection for appointment as
associate.
- E. I/We undertake to complete all the formalities required by the CCG Life
Line Ayurveda Corporation Private Limited within & days from the date of
appointment and in case I/We fail to do so, I/We agree that CCG Life Line
Ayurveda Corporation Private Limited shall have the right to cancel the
appointment and forfeit the Registration.
- F. I/We have not been found /pronounced to be of unsound mind by any
competent authority or not declared/adjudicated as insolvent by any
competent court.
- G. I/We will not resort to any irregular transactions/practices in my day to day
dealings with the customers at the outlet so as to arouse/bring disrepute
to M/S- CCG Life Line Ayurveda Corporation Private Limited and their
principals. I/We further undertake to keep M/S- CCG Life Line Ayurveda
Corporation Private Limited and their principals, indemnified against any
losses that may arise due to acts of omissions/commissions on my/our
part. Place: Date : Signature of applicant with seal.



Place :

Date :

Signature of applicant with seal