

# Become Knowit Solution Partner-Registration Form

<b>Name of the Firm/Company/Individual</b>	
<b>Name(s) of Proprietor/Partners/Directors</b>	
<b>Address of the Firm/Company/Individual</b>	Pincode: <input style="width: 40px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 40px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 40px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 40px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 40px; height: 20px; border: 1px dashed gray;" type="text"/>
	State <input style="width: 100px; height: 20px; border: 1px dashed gray;" type="text"/> City : <input style="width: 100px; height: 20px; border: 1px dashed gray;" type="text"/>
<b>Primary Business of Organization (tick ✓ mark from below options ) :</b>	
System/Network Integration <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>	Accounting/Consulting Firm <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>
Professional Services <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>	Hardware Vendor <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>
Value Added Reseller <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>	Independent Software Vendor <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>
Training Centre <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>	Lead Generation Vendor <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>
Bio Metric Machine Vendor <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>	Database Provider <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>
Other : <input style="width: 100%; height: 30px; border: 1px dashed gray;" type="text"/>	
Telephone : <input style="width: 100%; height: 20px; border: 1px dashed gray;" type="text"/>	
Mobile No : <input style="width: 100%; height: 20px; border: 1px dashed gray;" type="text"/>	
Email id : <input style="width: 100%; height: 20px; border: 1px dashed gray;" type="text"/>	
<b>Year of Business Establishment (YYYY)</b> <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="text"/> <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="text"/>	<b>VAT/ST/GST No</b> <input style="width: 100%; height: 20px; border: 1px dashed gray;" type="text"/>
<b>Type of Business (tick ✓ mark from below options ) :</b>	Pvt.Ltd. <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/> LLP <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/> Partnership <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/> Proprietorship <input style="width: 30px; height: 20px; border: 1px dashed gray;" type="checkbox"/>

<b>Total Employees in Organization</b>	1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26+ <input type="checkbox"/>		
<b>(tick <math>\checkmark</math> mark from mentioned options ):</b>	<b>What %age of your Employees are Sales Staff :</b> Less than 25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> <b>What %age of your Employees are Technical Staff:</b> Less than 25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/>		
<b>How you came to know about KSP Partnership Program (tick <math>\checkmark</math> mark from below options ):</b> SMS <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Call <input type="checkbox"/> Reference <input type="checkbox"/> Event <input type="checkbox"/> Other <input type="checkbox"/>			
<b>SWOT Analysis of Organization</b>	<b>Why &amp; How you see your association with us as KSP?</b>	<b>Anything you would like to add or share?</b>	
<b>Are you currently associated with any other IT Software or Solution Company to work for them as Sales   Support   Implementation Partner who are in similar or same business in which we deal into?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> ; if Yes, Please share name of Company <input type="text"/>			
<b>Total Active Customers Size you have currently? (tick <math>\checkmark</math> mark from below options ):</b>  1-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 200+ <input type="checkbox"/>	<b>What is your Company's Annual Revenue ?</b>  <input type="text"/> Lacs / Crore		

Two References for cross verification purpose :

REFERENCE : 1

Name

Email

Phone :

REFERENCE : 2

Name

Email

Phone :

Do you have any marketing strategy in place to promote your business and generate Leads ?

Yes  No  mention here \_\_\_\_\_

Select Top 3 Segments you deal into (Tick mark  from below options and mention total client base you have in that segment )

Accounting Firm	<input type="checkbox"/>	<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	<input type="checkbox"/>	Mfg. (Other)	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	Food Processing	<input type="checkbox"/>	<input type="checkbox"/>	Media/ Entertainment	<input type="checkbox"/>	<input type="checkbox"/>
Auto Components	<input type="checkbox"/>	<input type="checkbox"/>	Jewellery	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	Govt. & PSU	<input type="checkbox"/>	<input type="checkbox"/>	Prof. Services	<input type="checkbox"/>	<input type="checkbox"/>
Aviation	<input type="checkbox"/>	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
Banking	<input type="checkbox"/>	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	Retail	<input type="checkbox"/>	<input type="checkbox"/>
Capital Goods	<input type="checkbox"/>	<input type="checkbox"/>	IT/ITES	<input type="checkbox"/>	<input type="checkbox"/>	Services	<input type="checkbox"/>	<input type="checkbox"/>
Consulting	<input type="checkbox"/>	<input type="checkbox"/>	Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	Steel	<input type="checkbox"/>	<input type="checkbox"/>
Cement	<input type="checkbox"/>	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Telecom	<input type="checkbox"/>	<input type="checkbox"/>
Consumer mkt	<input type="checkbox"/>	<input type="checkbox"/>	Mfg (Steel)	<input type="checkbox"/>	<input type="checkbox"/>	Textiles	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Mfg. (Pharma)	<input type="checkbox"/>	<input type="checkbox"/>	Tourism	<input type="checkbox"/>	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	<input type="checkbox"/>						

<p>Does your company use any kind of Software for managing your payroll /HRMS / Sales force /inventory / accounting etc ?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Mention Name of Software :</p>	<p>Do you have tie up for any electronic or Print Media   Magazine   Newspaper   Advertisement etc to promote your business ?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**BANK ACCOUNT DETAILS**

Bank Name :	Branch Name :	Account Holder Name :
Account No :	Bank IFSC Code :	<p>Have you attached Cancelled Copy of Cheque:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Write here the Name of Documents /Evidences you additionally attached or submitted along with this form

- 1.
- 2.
- 3.
- 4.

DATE :

NAME :

DESIGNATION:

(SIGNATURE & STAMP)