## Greater Mohali Area Development Authority PUDA Bhawan, Sector-62, S.A.S Nagar

## Application Proforma for Allotment of Plots/Land for Hospitals, Multi- Specialty Hospitals, Medical University / Medical College cum Hospital and Medical Research Center

1.	Name of the Applicant Company/ Society/Trust	:
2.	Full name of the applicant(s) and Status (Prop./Partner/Authorised Signatory)	:
3.	Permanent address	:
4.	Correspondence address	:
5.	Telephone No. (M):	(LL) :
6.	Email address :	
7.	Plot applied for	
	(Hospitals, Multi- Specialty Hospitals, Med	dical University / Medical College cum
	Hospital and Medical Research Center)	:
8.	Processing Fee	
	a. Amount : b. B	ank Draft No. :
	c. Draw on :	
9. Constitution of the Company		
	a. Proprietor-ship :	Please attach copies of
	b. Partnership :	Partnership deed(Regd.)
	c. Ltd. Company :	Memorandum and Articles
	d. Cooperative associates:	of Association (Bye Laws)
	e. Other (If any) :	
10	.Means of Finance with documentary evide	ence :
11	Project report consisting of documents to any other document deemed fit by the apparance of the project.  b) Qualification and experience c) Foreign Direct Investment d) Performance of the ongoing Hospitals e) Financial position of the applicant.	olicant:
12	2. Audited Financial Statement for the last	three years i.e. from 1 <sup>st</sup> .April
	to the 31 <sup>st</sup> . March of the next year.	Yours faithfully
		(Signatures)
		(Name in Capital letters)
No	te:	

- (1) Incomplete applications are liable to be rejected.
- (2) Applications are to be submitted in Ten sets to the Estate Officer, GMADA, Mohali.