

**DOCTOR SPONSORSHIP FORMAT**

1.Name Of PMR:- HQ:- Date:-

2.Name Of ASM/ Div:- Tgt Ach (Last Month/Qtr):-

3.Name Of Dr:- Qualification:- Speciality:-

4.Address/ Hosp/N.Home:-

5.Dates Of Last 4 Visit:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **VISIT-1** | **VISIT-2** | **VISIT-3** | **VISIT-4** |
| PMR |  |  |  |  |
| ASM |  |  |  |  |
| MM/GM |  |  |  |  |

6.Nearest Chemist/ Tel/Key Person:-

7.Name of Products Prescribed:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRODUCT** | **CURRENT SUPPORT/MNTH** | **EXPECTED SUPPORT** | **COMPETIVE BRAND Rx** | **VALUE OF CURRENT SUPPORT/MONTH** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

8. Since How Long have We been getting this Support:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9. Cost Involved in this Sponsorship \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10. Mode Of Payment (Through Which Stockist)\_\_\_\_\_\_\_\_\_. Money Receipt in favour of\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

11.Date Of Event:-

12. Have We Sponsored this Dr in Past. If Yes Give details?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

13. Date Of Proposal Given by Dr with request Letter

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed by PMR Recommended by ASM *Approved by MM/GM***

* ***Note:- Request Letter/Acknowledgement Letter from Drs is Compulsory***