Technician Registration Form

All (*) Marked are Mandatory. Fill in Block Letters Only Form No.

Name of Technician* _____

Name of the Garage* _____ No. of Technicians _____

Mobile No.* _____ Alternate No. _____ Email _____

Address* _____

State* _____ Dist.* _____

City* _____ Pin Code* _____

Business Information

Name of Primary Retailer* _____

Other Retailer 1. _____ 2. _____ 3. _____

Vehicle Served/Month _____ Monthly Income (INR) _____

Bearing Consumption (Pcs/Month) Timken _____ Other _____

Grease Consumption (Kg/Month) Timken _____ Other _____

Segment Served HCV/LCV ☐ MUV/CAR ☐ OHW/Tractor ☐ Others _____

Specialities Wheel End ☐ Engine ☐ Gear Box ☐ Others _____

Technical Certification (If Any) _____

Personal Information

Birthday (DD/MM/YY)* _____ Wedding Anniversary (DD/MM/YY) _____

Name of Child 1. _____ 2. _____ 3. _____

Date of Birth 1. _____ 2. _____ 3. _____

Use Smart Phone Yes ☐ No ☐ Do you use Internet Yes ☐ No ☐

Do you have Bank Account Yes ☐ No ☐

Would you prefer transfer of incentive in Bank Account Yes ☐ No ☐

For TSR Use Only

TSR Name _____ Territory _____

Mobile No.* _____ Signature with Date _____