

DEPSONS HEALTHCARE

PRE-INTERVIEW / CANDIDATE SCREENING FORM

Date		Form No.	
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A. BASIC INFORMATION

1. Full Name:
2. Mobile Number:
3. Current Location / Area:
4. Position Applied For:
5. Preferred Job Location / HQ:

B. PHARMACEUTICAL EXPERIENCE

6. Total Experience in Pharmaceutical Industry (Please tick applicable box)

- | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| ☐ Fresher | ☐ < 1 Year | ☐ 1-2 Years | ☐ 2-5 Years |
| ☐ 5+ Years | ☐ | ☐ | ☐ |

7. Current / Last Company:
8. Current / Last Designation:

9. Which products / therapeutic segments have you promoted?

10. Approximately how many doctors did you personally meet per day in your previous job? (Please tick applicable box)

- | | | | |
|------------------------------|------------------------------|-------------------------------|------------------------------|
| ☐ < 5 | ☐ 5-7 | ☐ 8-10 | ☐ 10+ |
|------------------------------|------------------------------|-------------------------------|------------------------------|

11. Approximate monthly sales / target:

C. FIELD-SALES REQUIREMENTS

12. Do you own a two-wheeler? (Please tick applicable box)

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

13. Do you have a valid driving licence? (Please tick applicable box)

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

14. Are you comfortable travelling daily within your assigned territory and working in the field? (Please tick applicable box)

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

15. Are you comfortable meeting a minimum of 8 doctors per day? (Please tick applicable box)

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

16. Are you comfortable working with monthly sales targets and performance-based incentives? (Please tick applicable box)

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

17. Are you comfortable with daily doctor-call / activity reporting? (Please tick applicable box)

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

D. EMPLOYMENT & EXPECTATIONS

18. Current / Last Salary: _____

19. Expected Salary: _____

20. Reason for leaving current / previous job:

21. How soon can you join if selected? (Please tick applicable box)

☐ Immediately ☐ Within 15 Days ☐ Within 30 Days ☐ More than 30 Days

22. Are you looking for a long-term career in pharmaceutical sales? (Please tick applicable box)

☐ Yes ☐ No ☐ Not Sure ☐

23. Are you willing to work as per the company's employment terms and policies, including any applicable service commitment? (Please tick applicable box)

☐ Yes ☐ No

E. CANDIDATE ASSESSMENT

24. What motivates you most in a pharmaceutical field-sales job? (Please tick applicable box; multiple selections permitted)

☐ Earnings & Incentives ☐ Career Growth ☐ Learning & Experience ☐ Recognition
☐ Independent Working ☐ Other: _____ ☐

25. If a doctor refuses to meet you or is not interested in your product, what would you do?

26. Why should Depsons Healthcare hire you?

27. REFERENCE FROM CURRENT / PREVIOUS COMPANY

Name	_____	Designation	_____
Mobile	_____		_____

CANDIDATE DECLARATION

I confirm that the information provided above is true and correct to the best of my knowledge.

Candidate Signature _____ Date _____