



Client Registration Form

DATE: 24/11/23

Client Type: B2B Client ID: _____
(CC/DC/Doctor/Walk-in) (Will be generated by JITM)

Client Name : MEDCARE PHARMACY, Sec-121, NOIDA
(Fill in All CAPITAL LETTERS)

Currency: _____ (mandatory) Location: Romes-121 (mandatory)

Client Address: homes 121 - sec-121 - NOIDA

Business Zone: Noida City homes-121 State Uttar Pradesh

Landline No. _____ Mobile No. 8178829284 Email _____

Client SPOC Details:

Name Prabhat Sharma Mobile (+91) 8178829284 Designation: founder [MD]

Email Id Medcarepharmacy202210@gmail.com Security Amount (if any): _____

Sales & Financial Details:

Sales Manager (JITM): Banjana Negi Mobile 1 9389241293

Email 3negi7953@gmail.com Mobile 2 9389241293

Documents Attached:

1. Proprietorship/ Partnership/ Company Documents – Self Attested
2. PAN Card – Self Attested
3. Aadhar Card – Self Attested
4. Agreements – (Original with Signatures)
5. Client Registration Form (Original With Signatures)

MEDCARE PHARMACY
Prabhat Sharma
24/11/23
(Client's Stamp & Signatures)

Banjana Negi
(Sales Person's Signatures JITM)

PATHOLOGY SERVICE UNDERSTANDING
(CASH/CREDIT)

JITM SKILLS PRIVATE LIMITED (hereinafter referred to as "JITM"), a Company incorporated under the Companies Act 1956, having its registered office at 216 B, DDA LIG Flats, Jhilmil Colony, Shahdara, Delhi-110032 and corporate office at 3rd Floor, D- 87, Vyapar Marg, D Block, Sector 2, Noida, Uttar Pradesh 201301, engaged in pathology diagnostic services, aims to facilitate the delivery of care offered by the Consultants/ Hospital Clients/Nursing Homes. JITM aims to offer/provide its pathology services ("Services") to _____ having its office/clinic at _____

(hereinafter referred to as "Direct Client") at its doorsteps and test results by way of web access and hard copy exclusively for the purpose of providing timely services to improve patient care of the Direct Client.

The Services under this understanding are subject to adherence to terms and conditions mentioned hereunder.

For the purpose of this understanding, these Terms are defined as following:

| | |
|-----------------|--|
| "Direct Client" | shall means Clients under this understanding which could be either a Consultant, a Doctor, a nursing home, a Hospital, Clinic, a Path Lab or any other Healthcare Institution. |
| "Test Result" | Pathology Test Reports provided by JITM by way of electronically or otherwise run on the Sample provided by Direct Client. |
| "Sample" | shall mean the clinical sample of blood, urine, swab, tissue or any other part of the human body which is required to run the pathology test for the Services. |
| "TAT" | Turn Around Time required to run the test. |
| "SOP" | Standard Operating Procedure as defined by JITM from time to time. |
| "DOS" | Directory of Services of tests and price list issued and revised by JITM from time to time. |

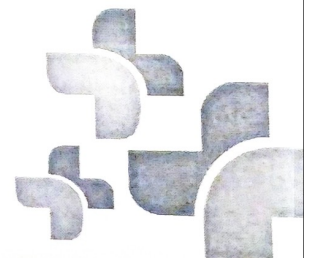
A. JITM agrees to the following:

1. Pick the Samples as collected by the Direct Client for Pathology test in its network laboratory.
2. Provide username and password for secure access to enquire on test results of the consultants' own patients across the hospital.
3. Provide test results for the test conducted on the Samples provided by the Direct Client as per TAT of JITM by way of hard copy and/or in electronic format.
4. Provide Sample packaging materials for collection and transportation of Samples as may be required from time to time. The Packaging materials shall, at all time, remain the exclusive property of JITM.
5. Provide /arrange courier/logistic services for pick up of Samples and delivery of Test Results.
6. Provide the updated Price of each test offered by JITM network laboratories. The Price of test shall be subject to change with or without prior notice based on input costs and market considerations.
7. JITM shall provide the results and retain the records as per archival policy and SOP of JITM.

Phone: 120 4371478
M: +91 8929995511
Toll Free : 1800-120-38-38-38

Website: www.jitmdiagnosics.com
www.jitmcovidtesting.com
Email: jitmdiagnosics@gmail.com

Add: D-87, Sector -2, Noida,
Uttar Pradesh-201301



ANNEXURE A

JITM is pleased to offer the discount to M/s _____ (Direct Client) on the entire test range as per details given below.

| Category | Detail of Tests | Discount percentage on the Maximum Retail Price mentioned in JITM's Directory of Services. |
|------------------|---|--|
| Routine | Routine Tests | ...% |
| Specialized | Specialized Tests | ...% |
| Special Category | Swine Flu, Genexpert, BRCA, Paternity tests, PLAC, Sepsiscreen, Comprehensive Viral Flu Panel, AFB Rapid Genotypic Test, etc. | ___% |
| ISO | International Send Outs | ___% |
| Camp Products | LSHP, HCP Plus, SAWP and other camp products. | ___% |

Price specified in Directory of Services of JITM is subject to change from time to time as per sole discretion of JITM.

Date:

Sanjana Negi

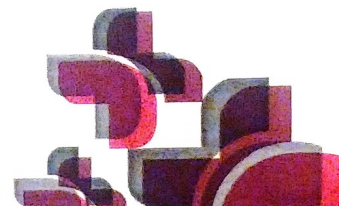
FOR *Prabhat Sharma*

(Detail of Direct Client)

Authorized signatory

Name:

Address:



4. Force Majeure- JITM shall be excused from performance and shall not be liable for delay in delivery of report or non-delivery of report, in whole or in part, caused by the occurrence of any contingency beyond its control including, but not limited to, work stoppages, natural calamity, civil disobedience, riots, fire accidents, shortage of fuel, diplomatic impasse and Act of God, leakage during collection, packaging and transit of Samples, breakage in transit, loss by carrier, contamination in shipment. JITM shall not be responsible for any loss/liabilities including legal liabilities, claims, compensation, and indemnity for any such loss or damage arising in such events.
5. Dispute Resolution: Any dispute between the Parties shall be referred to and settled by a sole arbitrator appointed by JITM in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The venue of Arbitration shall be Delhi. Subject to above the court of Delhi shall have exclusive jurisdiction on any matter/dispute arising out of this Understanding.

This understanding, with its detailed and intended cooperation and responsibilities, is accepted by virtue of the following signatures and remain in effect unless it expire by efflux of time or earlier terminated by any Party.

For JITM SKILLS PRIVATE LIMITED

FOR MEDCARE PHARMACY

Name:
Designation: Authorised Signatory

Name: Babhat Sharma
Designation: Authorised Signatory
Founder (Managing Director)

Gayma Negi

MEDCLINIC



CARING FOR YOU & YOUR FAMILY

Dr. KANCHAN GUPTA
MBBS, PGDFM
GENERAL PHYSICIAN

Name.....

Date.....

Dr. JUGAL K. AGARWAL
MBBS, MD
CHILD SPECIALIST

Dr. MONIKA SAXENA
MBBS, DCC, DHM
GENERAL PHYSICIAN
& CLINICAL CARDIOLOGIST
EX AMC- INDIAN NAVY
RG. NO.-59292

Dr. POORVA TIWARI
BHMS, MD
(HOMOEOPATHIC)

Dr. RAJENDER K. SHARMA
PRAKARTIK CHIKATASAK
ACCV, MD
(ACUPRESSURE & AYURVEDA)

PATHKIND LAB
HOME COLLECTION
8178829284

FACILITIES AVAILABLE
ALL LAB INVESTIGATION,
ALL VACCINATION, FIRST AID,
INJECTION AND NEBULIZATION

MEDCARE PHARMACY
PRABHAT SHARMA (PHARMACIST)
CONTACT NO. 8178829284
FREE HOME DELIVERY

CALL FOR APPOINTMENT
8178829284, 0120-3169656

ADD. , MEDCARE PHARMACY, LGF-16 CONVENIO-121, SECTOR 121, NOIDA-201307

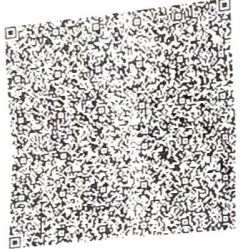
18-07-2014



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0637/11217/00647

पता
अशोक कुमार शर्मा
Prabhat Kumar Sharma
S/O: Ashok Kumar Sharma,
1,
Sadapur
VTC Dhoodh Manikpur,
PO: Dadri,
Sub District: Dadri,
District: Gautam Buddha Nagar,
State: Uttar Pradesh,
PIN Code: 203207,
Mobile: 8800404664



Signature Not verified

आपका आधार क्रमांक / Your Aadhaar No. :
5196 2333 8071

VID : 9144 0503 7930 3352

मेरा आधार, मेरी पहचान

आधार क्रमांक: 519623338071



भारत सरकार
Government of India

प्रभात कुमार शर्मा
Prabhat Kumar Sharma
जन्म तिथि/DOB: 18/07/1997
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, क्यूआर कोड/
ऑनलाइन प्रमाणीकरण की स्कैनिंग) के साथ सत्यापित किया जा सकता है।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5196 2333 8071

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जॉन ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या वेप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics
- Entities seeking Aadhaar are obligated to seek consent.

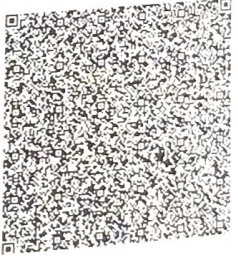


भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



पता:
संबोधित: अशोक कुमार शर्मा, 1, सादोपुर, धूम मानिकपुर,
बादरी, गौतमबुद्ध नगर,
उत्तर प्रदेश - 203207

Address:
S/O: Ashok Kumar Sharma, 1, sadapur,
Dhoodh Manikpur, PO: Dadri, DIST: Gautam
Buddha Nagar,
Uttar Pradesh - 203207



5196 2333 8071

VID : 9144 0503 7930 3352

1947 | help@uidai.gov.in | www.uidai.gov.in

MEDEWARE PHARMACY
12/4
LGF-16, Noida
121, Noida, 201307

Prabhat Sharma

owner of Medeware Pharmacy