



KDC LAB - Noida
Sec-135
JITM SKILLS PVT. LTD.

ENROLMENT FORM

TYPE : CC/FRANCHISE		Location :
1	Name of Person/Owner:	HARISH CHAUHAN
2	Status (Individual/Proprieter/Partnership/HUF/Company)	PROP.
3	Name of person representing Partnership/Proprietorship/HUF/Company	HARISH CHAUHAN
4	S/O / D/O / W/O	MR. RAJESH KUMAR
5	E-mail (Mandatory)	diagnostic.kirti@gmail.com
6	Mobile No. of owner:	7217602230
7	Past Experience of Franchisee in Pathology /Health Care(Y/N)	NES
8	ID Proof (Adhar Card) Number : (Pls self Attach Copy of Aadhar Card)	6411 2484 7928
9	PAN No. - Mandatory (Pls attach self attested copy of Pan Card)	BUAPC5906L
10	Residence Address with PIN Code (Pls. Attach self attested copy of AADHAR/Electricity Bill/Pass Port/Voter I.D.)	H.No - 96 MEDSINGH WALI GALI, SUNGHARUP DELH - 110036
11	Address of Premises with Pin Code (Pls. Attach self attested copy of Ownership Documents/Rent agreement)	Shop No - 2, Mill - Mangli, Wazirpur Sec - 135, OPP - PNB BANK. PINO - 201301
12	Mobile No. for Collection Centre (To be used for location only)	7217602230
13	Name of the Phlebotomist (If recruited attach certificate)	DEV KUSHWAH
14	Local Reference (Name, Address with contact Number)	9953972920
15	Customer Bank Details (Bank Name, Bank A/C No, Branch name, IFSC Code) (Attach One Cancelled Cheque)	UNION BANK - Bhaktawar PVT IFSC - UBIN0929042 Account No - 520101255980321
16	Security Deposit/ Advance Amount:	5000/-
17	NEFT/Online TID/Ref. ID/Cheque No. :	T2401131559278037138428
18	NEFT/Online/Cheque Date:	ONLINE
19	Name : TH/AM	
20	Name : RSM	
Owner's Signature: <i>[Signature]</i> <i>Kirti Diagnostic Centre</i> <i>Shop No 2, Mill Wazirpur,</i> <i>Sec 135,</i> <i>OPP. PNB BANK, NOIDA</i>		Date:
Signature: Sr TM/SM/ASM OPP.		Location Visit/Parter Meeting (GM/AVP):
Partner Meeting: GM/AVP		Signature (Corp. Office):

Note: Security Deposit/Advance to be paid through NEFT/Online/Cheque in favour of "JITM SKILLS PVT LTD"

भारत सरकार
GOVERNMENT OF INDIA

Issue Date: 18/2/2015



Harish Chauhan
जन्म तिथि / DOB: 14/10/1999
पुरुष / MALE
Mobile No.: 7217602230


6411 2484 7928
VID : 9111 1951 6192 1295

मेरा आधार, मेरी पहचान

आधार
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 31/2/2022

Address:
S/O: Rajesh, 62, GALI NO. 6, UMED
SINGH WALI GALI, Sunger Pur Delhi,
North West Delhi, Delhi - 110036



6411 2484 7928
VID : 9111 1951 6192 1295

1847
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

P.O. Box No. 1847,
Bengaluru-560 001

13/01/24

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BUAPC5906L

नाम / Name
HARISH CHAUHAN

पिता का नाम / Father's Name
RAJESH

जन्म की तारीख / Date of Birth
14/10/1999

हस्ताक्षर / Signature



15032018

Handwritten signature
13/01/24