

ENROLMENT FORM

TYPE : CC/FRANCHISE

Location : MEERUT

1	Name of Person/Owner:	MR-TALIB
2	Status (Individual/Proprieter/Partnership/HUF/Company)	INDIVIDUAL
3	Name of person representing Partnership/Proprietorship/HUF/Company	
4	S/O / D/O / W/O	MR-ISRAR AHMAD
5	E-mail (Mandatory)	
6	Mobile No. of owner:	7906323060
7	Past Experience of Franchisee in Pathology /Health Care(Y/N)	10 YEAR IN DR CAL PATHLABS
8	ID Proof (Aadhar Card) Number : (Pls self Attach Copy of Aadhar Card)	AADHAR - 2431 6528 5971
9	PAN No. - Mandatory (Pls attach self attested copy of Pan Card)	PAN No - BNMPT6013J
10	Residence Address with PIN Code (Pls. Attach self attested copy of AADHAR/Electricity Bill/Pass Port/Voter I.D.)	H-no-2193, GALI NO-29, D-BLOCK ZAKIR HUSAIN COLONY (MRT) 250002
11	Address of Premises with Pin Code (Pls. Attach self attested copy of Ownership Documents/Rent agreement)	SHOP-NO- A318 NEW MOHAN PURI (MRT) 250002
12	Mobile No. for Collection Centre (To be used for location only)	7906323060
13	Name of the Phlebotomist (If recruited attach certificate)	TALIB
14	Local Reference (Name, Address with contact Number)	
15	Customer Bank Details (Bank Name, Bank A/C No, Branch name, IFSC Code) (Attach One Cancelled Cheque)	BANK NAME:- ALLAHABAD BANK BANK A/C NO:- 50428010896 BRANCH NAME:- MEERUT GARH ROAD IFSC CODE:- ALLA0210317
16	Security Deposit/ Advance Amount:	
17	NEFT/Online TID/Ref. ID/Cheque No. :	
18	NEFT/Online/Cheque Date:	
19	Name : TH/AM	
20	Name : RSM	
Owner's Signature :		Date:
Signature: SrTM/10/AS		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"

Client Registration Form

Client Type: CASH Client ID _____
(Cash/Credit) (Will be generated by JITM)

Client Name: JITM MEERUT-1
(Dr. Name/Firm/Lab/Hospital/Name)

Location (Town/City) MEERUT (Mandatory)

Client Address: House-no-2193, Gali no-29 D-Block Zakia Husain Colone
(MRT)

City MEERUT State UTTAR PRADESH PIN: 251002

Client SPOC Details:

Name: MR-TALIB Mobile: 7906323060 Designation: FCC

Email: shaokhan.meerut@gmail.com

Security Deposit/Advance Details (If Any):

Security/Advance Amount (if any): _____ Mode of Payment: _____

Transaction ID: _____ Date: _____

Sales Manager Details:

Name of Sales Manager: SHADAB CAIFI Mobile No: 7055522765

Email: shadkhan1610@gmail.com

Business Zone (Lab Location): Kankay Kheda (MRT)

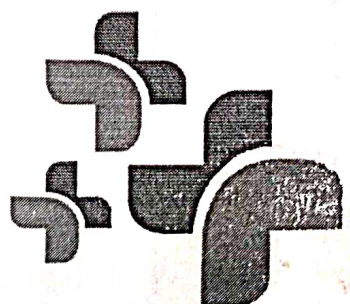
Documents Attached:

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

(Client's Stamp & Signatures)

Talib MEERUT
JITM MEERUT
NEW MOHAPUR
7906323060, 7055997803

(Sales Person's Signatures JITM)



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 JITM MEERUT-1 having its office/clinic at SHOP NO - A318 NEW MOHANPURI NEAR CHIKARA COMPLEX GARIH ROAD MRT (250001) (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.

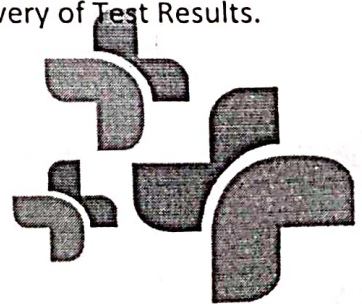
For the purpose of this understanding, these Terms are defined as following:

"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 pickup of Samples and delivery of Test Results.

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NEW MOHANPURI
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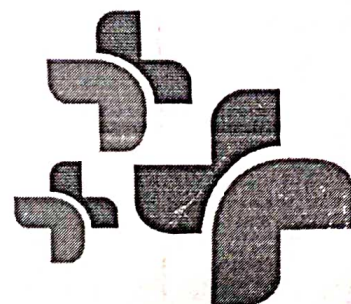


6. Provide the updated Price of each test offered by JITM network laboratories. The Price of test shall be subject to change with or without prior notice based on input costs and market considerations.
7. JITM shall provide the results and retain the records as per archival policy and SOP of JITM.
- B. Direct Client agrees as following:
 1. Collect and provide Samples in adequate quantity as per SOP and Directory of Services provided by JITM from time to time to run the test in JITM Laboratories.
 2. Collect the Samples as per standard pathological norms and store the same at the desired temperature till handing over it to the representative of JITM.
 3. Maintain the record of the packaging materials and provide the same as and when desired by JITM.
 4. Direct Client will have the access to reports solely for the purposes granted. Direct Client agrees to not intentionally disclose the username and password to anyone other than Direct Client's authorized staff or attempt to learn another client's security code.
 5. Direct Client accepts responsibility to maintain password security, e-mail addresses, and related updates for Direct Client staffing as needed.
 6. JITM shall raise invoice on Direct Client on fortnightly basis as per discount structure mentioned in Annexure A for the test done under the client code. The Direct Client shall pay the invoiced amount within __ days from the date of the invoice, subject to deduction of applicable Taxes by way of cheque/DD/NEFT/RTGS in favour of "JITM SKILLS PRIVATE LIMITED - Indusind Bank A/c no: 258810250383 (IFSC: INDB0000171)". The Direct Client will not hand over Cash to local Sales Representatives of JITM. In case any Cheques which are returned unpaid, payment will have to be made by Demand Draft only along with penalty of Rs. 3000/- within 3 working days. Delay in payment shall attract an interest of 18% p.a. Amount paid by the Direct Client will be reconciled by JITM sales/Accounts Department on a monthly basis. All payments by cash/ credit client shall be made by cheque/DD/NEFT/RTGS in favoring "JITM SKILLS PRIVATE LIMITED - Indusind Bank Alc no: 258810250383 (IFSC: INDB0000171)".
 7. Direct Client shall apply for and obtain all the required permission, permits, approvals, certificate, licenses including but not limited to License for Bio medical waste disposal, registration with CMO, registration under Clinical Establishment Act, Shops & Establishment Act etc. Direct Client shall comply with all laws, rules and notification related to its business implemented from time to time by appropriate authority.
 8. Direct Client agrees to abide by the policy for access to the test report on internet as provided in the website of JITM.
 9. Direct Client will require to arrange the services of Phlebotomist at its center for drawing of samples and disposal of bio medical waste at its own cost.

C. Miscellaneous Terms:

1. Confidentiality: Each Party shall keep secret all confidential information, if any transmitted to it or made available to it by other Party and shall not pass such information on wholly or partly, to third party without express written consent of the other Party.

JITM MEERUT
NEW MEERUT
7986323060, 7055957805



2. Relationship: This understanding does not constitute the Direct Client as an employee, agent, legal representative or partner of JITM for any purpose whatsoever nor shall the understanding be construed or interpreted as a joint venture between the Parties of any nature. The relationship between the Parties hereto shall be on a Principal to Principal basis.
3. Term and Termination: This non-exclusive understanding will be valid for such period unless earlier terminated by either Party serving 30 days prior written notice. Either Party will be at liberty to terminate this understanding by giving 30 days prior written notice to other Party. All payments becoming due and payable to the Parties as on the date of termination will be settled within 15 days from the date of termination of this understanding. Upon termination of this understanding, Direct Client shall cease to use the materials/intellectual property of JITM and shall handover all the materials belonging to JITM immediately.
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 JITMSKILLS PRIVATE LIMITED
(Authorized Signatory)

Signature: _____

Name: Shadab Saifi

Designation: (TM)

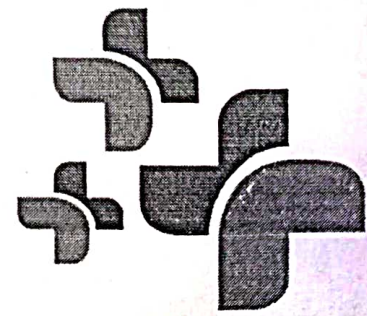
FOR MR - TALIB
(Client Name)

Signature & Stamp _____

Name of Signatory: TALIB

Designation: FCC

JITM MAJEERUPT-1
 NEW MOHARRAM
 7906323060, 7055571111



Annexure

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

Category	Detail of Tests	Discount % on the Maximum Retail Price mentioned in JITM's Directory of Services.
JITM-1, JITM-2 & JITM-3	Routine & Specialized	As per applicable B2B Price list
Special Price List (QBR)	Selective Tests (QBR)	As Per Attached List of Tests (QBR)
Special Category	Swine Flu, Genexpert, BRCA, Paternity Tests, PLAC, Sepsiscreen, Comprehensive Viral Viral Flu Panel, AFB Rapid Genotypic Test, etc.	As per applicable B2B Price list
ISO	International Send Outs	10%

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

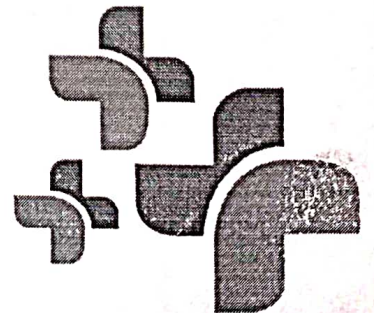
JITM Authorized Signatory:

Signature: 

Name: Shadab Saifi

Address: Kankey Khara (Med)

JITM MEERUT-1
 NEW MOHANPURI
 7906323060, 7055997803



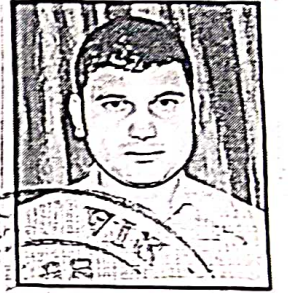
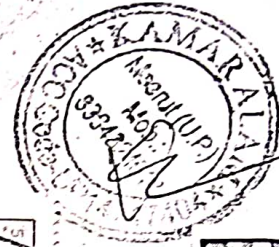
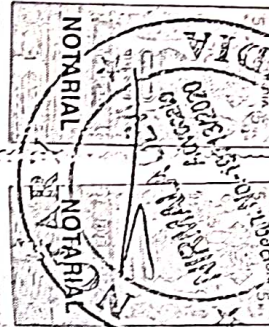
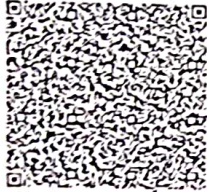


Government of Uttar Pradesh

IN-UP09514419446818V

e-Stamp

Certificate No. : IN-UP09514419446818V
 Certificate Issued Date : 21-Dec-2023 02:33 PM
 Account Reference : NEWIMPACC (SV)/ up14717404/ MEERUT SADAR/ UP-MRT
 Unique Doc. Reference : SUBIN-UPUP1471740414897607125961V
 Purchased by : TALIB
 Description of Document : Article 35 Lease
 Property Description : Not Applicable
 Consideration Price (Rs.) :
 First Party : DHAMDEEP SINGH
 Second Party : TALIB
 Stamp Duty Paid By : TALIB
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)



किरायाजामा मियादी 11 महि

हम कि धमदीप सिंह पुत्र श्री हरभजन सिंह निवासी-18/2, विक्टोरिया पार्क, मेरठ तहसील व जिला मेरठ प्रथम पक्ष / मालिक

व

तालिब आधार कार्ड सं0-243165285971, पैन नं0-BNMPT6013J पुत्र श्री इसरार अहमद निवासी- 2193, गली नं0-29, डी ब्लॉक, जाकिर हुसैन कालोनी हापुड रोड मेरठ

.....द्वितीय पक्ष / किरायेदार

जो कि प्रथम पक्ष एक दुकान नं0- 318ए, स्थित- मोहनपुरी, मेरठ तहसील व, जिला मेरठ, जिसके प्रथम पक्ष वास्तविक मालिक, काबिज स्वामी व मालिक व किराये पर उठाने के अधिकारी है। प्रथम पक्ष का उक्त दुकान आज की तारीख तक प्रत्येक प्रकार के ऋण भार, तथा व्यय आदि से मुक्त तथा दोष रहित है। द्वितीय पक्ष ने उक्त दुकान को किराये पर लेने की इच्छा प्रथम पक्ष से की थी। और प्रथम पक्ष ने द्वितीयपक्ष को 11 माह के लिये निम्न शर्तों के आधार पर देना स्वीकृत किया है। अतः दोनों पक्ष एवं उनके उत्तराधिकारीगण निम्न शर्तों के पाबन्द होते है।

D. Singh

Talib

Statutory Alert:

- The authenticity of the Stamp certificate should be verified at 'www.e-stamp.com' or using e-Stamp Mobile App of Stock Holding
- The details of the details of the Certificate and is available on the website / Mobile App (where it is installed)

1. यह कि उक्त दुकान का किराया अंकन 14000/- रू0 प्रतिमाह रहेगा।
2. यह कि उक्त दुकान की किरायेदारी 01-01-2024 से प्रारम्भ हो रही है और जो माह दर माह 11 माह तक यानि कि 30-11-2024 तक लागू रहेगी, द्वितीयपक्ष प्रथम पक्ष को हर माह की 05 तारीख तक उक्त दुकान का किराया एडवान्स के रूप में अदा करने के पाबन्द रहेंगे।
3. यह कि उक्त दुकान में बिजली का मीटर लगा है और बिजली के बिल व पानी के बिल की अदायगी द्वितीयपक्ष किरायेदार किराये से अलग अदा करेंगे तथा दुकान के साफ सफाई कि जिम्मेदारी भी द्वितीयपक्ष की रहेगी।
4. यह कि द्वितीय पक्ष ने प्रथम पक्ष को एक माह का किराया यानि कि 14000/- रू0 सिक्कोरिटी राशि के रूप में जमा कर दिये हैं जो कि वाद मियाद प्रथम पक्ष द्वितीय पक्ष को वापिस करने हेतु बाध्य होगा यदि द्वितीय पक्ष उपरोक्त धनराशि को किराये में समायोजित ना कराये तो।

5. यह कि द्वितीयपक्ष उक्त दुकान को पैथोलोजी लैब कार्य के लिये प्रयोग करेंगे तथा दुकान उपरोक्त में कोई अवैधानिक कार्य नहीं करेंगे, यदि करते हैं तो द्वितीयपक्ष काबिले बेदखली होगा।
6. यह कि दौरान किरायेदारी द्वितीय पक्ष उक्त दुकान में किसी प्रकार की तोडफोड या परिवर्तन करने का अधिकार नहीं होगा।

7. यह कि द्वितीय पक्ष उक्त दुकान को किसी अन्य पक्ष को नहीं देंगे और न ही कोई शिकमी किरायेदार रखेंगे, ना ही किसी अन्यको सबलेट करेंगे, अन्यथा बेदखली के हकदार होंगे।

8. यह कि किरायेनामे किरायेदारी एक्ट के अन्तर्गत नियमों का पालन दोनों पक्षों द्वारा किया जायेगा तथा अगर किराया नामा आगे बढ़ाया जाता है तो दोनों पक्षों की सहमति से किराये में 10 प्रतिशत की बढ़ोत्तरी के साथ आगे बढ़ेगा यदि उक्त दुकान की जरूरत समय से पहले प्रथम पक्ष को पडती है तो वह द्वितीय पक्ष को 1 माह पूर्व सूचना देगा, यदि द्वितीयपक्ष भी उक्त दुकान समय से पूर्व खाली करना चाहेंगे तो 1 माह पूर्व प्रथम पक्ष को सूचित करेंगे।

9. यह कि द्वितीयपक्ष उक्त दुकान में कोई किरायेदार नहीं रखेंगे और उक्त किरायेदारी की अवधि समाप्त होने के उपरान्त खाली दुकान का कब्जा प्रथम पक्ष को सुपूर्द करेंगे किसी अन्य व्यक्ति को सबलेट नहीं करेंगे और यदि किसी भी पक्ष को दुकान खाली करनी है तो उसको 1 माह पूर्व सूचित किया जायेगा।
10. यह कि उभय पक्ष तथा उनके उत्तराधिकारीगण उपरोक्त किरायेनामे की समस्त शर्तों का नियमानुसार पालन करेंगे।

अतः यह किरायामा मियादी 11 माह लिख दिया गया है ताकि सनद रहे ओर वक्त जरूरत पर काम आवे। इति।।

D. Singh

NOTARY

Rajib

हस्ताक्षर प्रथम पक्ष

हस्ताक्षर द्वितीय पक्षगण

गवाहान-

Kumar


गवाहान-

Rajib

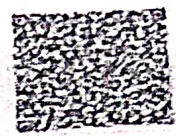
तारीख तहरीर- 21.12.2023 ई0।

ATTESTED
21/12/2023

भारत सरकार



नालिब
Talib
जन्म तिथि/ DOB:
04/04/1999
पुरुष / MALE



2431 6528 5971

मेरा आधार, मेरी पहचान

Talib
7906323060, 7055997803

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O इसरार अहमद, हाउस
नंबर 2193, गली नंबर 29,
डी-ब्लॉक, जाकिर हुसैन
कालोनी हापुड रोड, मेरठ,
मेरठ,
उत्तर प्रदेश - 250002

Address:
S/O Israr Ahmad, House Number
2193, Gali Number 29, D-Block,
Zakir Hussain Colony Hapur Road,
Meerut, Meerut,
Uttar Pradesh - 250002

2431 6528 5971

MERA AADHAAR, MERI PEHACHAN

Talib
JITIM MEERUT-1
NEW MOHANPURI
7906323060, 7055997803

आयकर विभाग
INCOME TAX DEPARTMENT

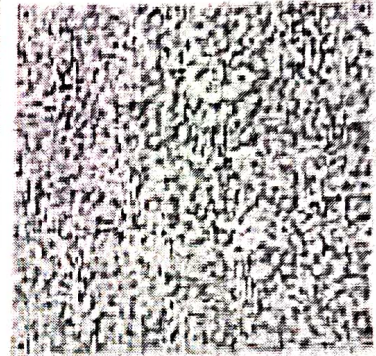


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BNMPT6013J




नाम / Name
TALIB

पिता का नाम / Father's Name
ISRAR AHMAD

18082016

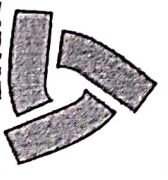
जन्म की तारीख /
Date of Birth
04/04/1999


हस्ताक्षर / Signature


JITM MEERUT-1
NEW MOHANPURI
7906323060, 7055997803

Scanned by CamScanner

श्रीशहाबाद बैंक



ALLAHABAD BANK

Nature of Passbook : SAVING Account No.: 50428010896 (INDIVIDUAL SAVINGS)

Branch Name & Address : MEERUT GARH ROAD (317)
2571, GARH ROAD OPP. NANDAN CINEMA, MEERUT CITY
UTTAR PRADESH 250002

Telephone No. & Email ID : 76155 br.mee_garhroad@allahabadbank.in

Micro Code : 2500010005 IFSC: ALIA0210317

Business Hours : 10:00 TO 16:00

Passbook Issued on : 03/12/2020 Mode of Operation: OPERATING SINGLY

Name of Customer :
CIR NO : 3025366474

Signature :
PAN :

Stamp :
Date :

Remarks :
Account No. : 50428010896

Branch Name : MEERUT GARH ROAD (317)

Branch Address : 2571, GARH ROAD OPP. NANDAN CINEMA, MEERUT CITY, UTTAR PRADESH 250002

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