

Client Registration Form

Date: _____

Client Type: (ADVANCE)

Client ID _____

(Will be generated by JITM)

Client Name: MD ANAS

(Doctor/Clinic/Lab/Hospital)

Location (Town/City) KOKRA (Mandatory)

Client Address:

HINDPURT

City RANCHI State JHARKHAND PIN: 834001

Email: Tumhammadanams2002@gmail.com

Client SPOC Details:

Name: MD. ANAS Mobile: 7903948803

Email: Tumhammadanac2002@gmail.com

Sales Manager Details:

Name of Sales Manager: AWADHESH KUMAR SINGH Mobile No: 8130624737

Email: Awadhesh048@gmail.com

Business Zone (Lab Location): RANCHI

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)

Pras.
(Client's Stamp & Signatures)
**WELL-HEALTH
DIAGNOSTIC**

Awadhesh Kr. Singh
(Sales Person's Signatures JITM)



PATHOLOGY SERVICE UNDERSTANDING

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 (Name of Client) WELL HEALTH DIAGNOSTIC 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.

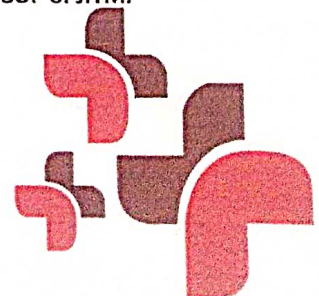
For the purpose of this understanding, these Terms are defined as following:

| | |
|-----------------|---|
| "Direct Client" | shall mean 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.
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.

Quas
WELL HEALTH
DIAGNOSTIC



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 A/c 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.
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 expires by efflux of time or earlier terminated by any Party.

For **JITMSKILLS PRIVATE LIMITED**
(Authorized Signatory)

Signature: Awardhesh Kumar Singh

Name: **AWARDHESH KUMAR SINGH.**

Designation: **TERRITORY HEAD**

Date:

FOR WELL HEALTH DIAGNOSTIC
(Client Name)

Signature & Stamp: M.D. ANAS

Name of Signatory: **M.D. ANAS**

Designation: **OWNER**

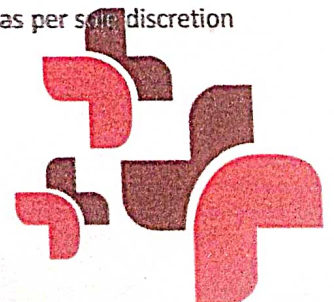
Date:

Annexure-1


JITM is pleased to offer the discount to M/s WELL HEALTH DIAGNOSTIC (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 JITM Price list & Agreed Net Rates |
| Special Category | Swine Flu, Genexpert, BRCA, Paternity Tests, PLAC, Sepsiscreen, Comprehensive Viral Flu Panel, AFB Rapid Genotypic Test, etc. | As per applicable Price list. |
| ISO & Govt. Fixed Rate Tests | International Send Outs & Govt. Fixed Rate Tests | 10% |

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



भारत सरकार
Government of India



श्री अमर
MI AAm
जनम (M/D/Y) 05/03/2002
पुरुष/ MALE


आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
(इसका उपयोग आधार (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑनलाइन प्रत्यक्षता की सहायता) के साथ किया जाना चाहिए।)

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 MAI)

6238 4139 3199

श्री आधाार, श्री पहचान

भारतीय पहचान प्रमाण प्रणाली
Unique Identification Authority of India



पता
श्री अमर अमर, एम आरएम रोड, आरएम एम
आरएम आरएम आरएम रोड,
आरएम - 829202

Address
Shri Amar Amar, M R R M Road, A R M M
A R M M Thana Baharath Baharath, PO
Baharath, DIST. Latehar,
Bihar-829202

6238 4139 3199

UID: 9145 8995 9972 1271

Free,

WELL HEALTH
PHARMACY

वित्त विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA



नाम / Name
MD ANAS

पिता का नाम / Father's Name
SHABBIR AHMAD

जन्म तिथि / Date of Birth
05/03/2002

स्थायी आयकर पहचान कार्ड
Permanent Assessment Number Card
DZVPA1662P



MD ANAS
हस्ताक्षर / Signature

यह कार्ड के साथ/साथ ही प्रेषित किया जा रहा है।
This card is sent along with the assessment order.
यदि आप इसे खो जाते हैं, तो इसे वापस भेजें।
If you find this card lost, please return it to the
आयकर विभाग / Income Tax Department.
Phone: 011-2343



If this card is lost / someone's card card is found,
please inform / return to /
आयकर विभाग / Income Tax Department.
आयकर विभाग / Income Tax Department
आयकर विभाग / Income Tax Department
Phone: 011-2343

Anas

WELL HEALTH
DIAGNOSTIC



JHARKHAND BIJLI VITRAN NIGAM LTD
GOOD ENERGY BILL



DIVISION : KOWAR
 SUB DIVISION : LAIPUR
 IM PHONE : 1816303EAD593EAF
 CONSUMER ID : 101 AVAILABLE
 CONSUMER NO : PL0284
 BOOK NO : 103000
 K. NO : 180122023868
 CONSUMER NAME : MO SONALI
 CONSUMER MOBILE : 9333000000
 ADDRESS : JUSIE HEAVET LAIPUR

-----Commercial Details-----
 TARIFF : 106-T1
 LOAD : 1 KW

-----Meter Details-----
 METER SL NO : J01100554
 METER DIGIT : 8
 PHASE : 1 Single
 METER OWNER : 1 JBVNL

-----Billing Parameters-----



BILL ISSUE DATE : 2024-03-08
 BILL MONTH : 2
 BILL PERIOD : 1
 BILL NO : 924402014285785828
 METER STATUS : OK
 HOURS OF POWER SUPPLY : --
 DATE OF PREV READING : 2024-02-15
 PREV KWH : 188
 PREV KV AH : 0
 DATE OF CURR READING : 2024-03-08
 CURRENT KWH : 107
 CURR KV AH : 0
 MAX KW : 0
 DIFFERENCE KWH/KMF : 5.00
 DIFFERENCE KV AH/KMF : 0.00
 POWER FACTOR : 0.00
 LOAD FACTOR : 0.00

-----Current Assessment-----
 ENERGY CHARGE : 65.70
 FIXED CHARGE : 100
 PENALTY OF EXCEEDING CD : 0.00
 METER RENT : 0
 ELEC. DUTY : 3.40
 DPS : 4.09
 PF SURCHARGE : 0.00
 PF REBATE : 0.00
 CAPACITOR SURCHARGE : 0.00
 ELCB/HCB CHARGE : 0.00
 MISC CHARGE : 0.00
 TOTAL ASSESSMENT : 184.19
 STAFF SUBSIDY : 0
 GOJ SUBSIDY : 0
 BILL CORRECTION DR./CR. : 0
 ADJUSTMENT OF PREVIOUS BILL : 0

-----Arrear Details-----
 KEPT IN ABEYANCE : 0.00
 ARREAR (ENERGY) : 502.23
 ARREAR (DPS) : 18.77
 TOTAL ARREAR : 518

-----Net Demand-----
 NET PAYABLE : 683.00
 NET PAYABLE WITHIN 5 DAYS OF ISSUE DATE (DIGITAL MODE) : 676.30
 NET PAYABLE WITHIN 5 DAYS OF ISSUE DATE (OFFLINE MODE) : 679.87
 NET PAYABLE AFTER 5th-DAY AND ON/BEFORE DUE DATE(DIGITAL MODE) : 681.43
 DUE DATE : 2024-03-28

-----Previous Payment Details-----
 LAST PAYMENT AMT : 728.00
 RECEIPT NO : 160122001801703
 RECEIPT DATE : 2023-12-28

-----RTGS/Payment-----
 BENEFICIARY NAME : JHARKHAND BIJLI VITRAN NIGAM LIMITED
 BENEFICIARY A/C NO : JBVN004PL9284
 IFSC CODE : ICIC0003104
 BANK NAME : ICICI BANK

-----Important Message-----
 1. For detail bill visit : www.jbvnl.co.in
 2. Pay the bill within due date to avoid DPS and Disconnection
 3. Cheque/DD in Favour of - Jharkhand Bijli Vitran Nigam Limited

Pras,
WELL HEALTH DIAGNOSTIC