

Client Registration Form

DATE: 20/03/24Client Type: B2C Client ID: _____
(CC/DC/Doctor/Walk-in) (Will be generated by JITM)Client Name : MEDCIS PATHLAB
(Fill in All CAPITAL LETTERS)Currency: _____ (mandatory) Location: Gurgaon Delhi (mandatory)Client Address: 167 Mangal Bazar Road, DelhiBusiness Zone: East Delhi City Delhi State Delhi

Landline No. _____ Mobile No. _____ Email _____

Client SPOC Details:

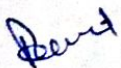
Name Ranjeet Mobile (+91) 7210941400 Designation: _____Email Id Ranjeetkumar1998@gmail.com Security Amount (if any): _____

Sales & Financial Details:

Sales Manager (JITM): Ravi Mobile 1 9871789750Email NedhaRavi1998@gmail.com Mobile 2 _____

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)



(Client's Stamp & Signatures)



(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.

Ant

[Signature]

fav



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 authorised 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 Clinica! 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 expire by efflux of time or earlier terminated by any Party.

For JITM SKILLS PRIVATE LIMITED

FOR _____



Name:
Designation: Authorised Signatory

Name:
Designation: Authorised Signatory

Ram

fau



ANNEXURE A

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

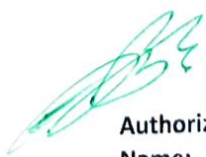
Category	Detail of Tests	Discount percentage on the Maximum Retail Price mentioned in JITM's Directory of Services.
Routine	Routine Tests	...%
Specialized	Specialized Tests	...%
Special Category	Swine Flu, Genexpert, BRCA, Paternity tests, PLAC, Sepsiscreen, Comprehensive Viral Flu Panel, AFB Rapid Genotypic 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: _____

FOR _____

(Detail of Direct Client)



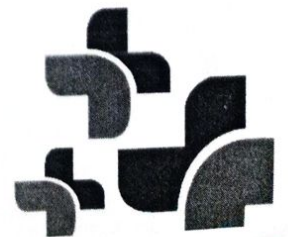
Authorized signatory

Name:

Address:

Ranjit

fau



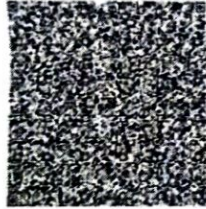


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2830/07979/02567

To
रंजीत कुमार
RANJEET KUMAR
S/O SHAMBHU PANDIT
B 18 NASHIB VIHAR
ILAICHIPUR VILLAGE
Ilaichipur
Ghaziabad Uttar Pradesh - 201102
7210941400



आपका आधार क्रमांक / Your Aadhaar No. :

3015 5705 3000
VID : 9173 1532 3261 8045

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



रंजीत कुमार
RANJEET KUMAR
जन्म तिथि/DOB: 10/09/1995
पुरुष/ MALE

3015 5705 3000
VID : 9173 1532 3261 8045

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थाओं को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
स/ शम्भु पंडित, बी १८ नशीब विहार, इलाचिपुर विलेज,
इलाचिपुर, गाज़ियाबाद,
उत्तर प्रदेश - 201102

Address:
S/O SHAMBHU PANDIT, B 18 NASHIB VIHAR,
ILAICHIPUR VILLAGE, Ilaichipur, Ghaziabad,
Uttar Pradesh - 201102



3015 5705 3000
VID : 9173 1532 3261 8045

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

Part

M: 9999040825, 72109

Quality Proven

खन की जाँच की जाती है।

MED



NABL
ISO/IEC 17025
Accredited

ACCREDITED

CAP Number : 8700554

AUDIT NO. 130

NABL-ACCREDITED

M-0441

PATHLAB INDIAN PVT. LTD.

MEDICAL CLINICAL INVESTIGATION SERVICE
HOSPITAL & DIAGNOSTICS LABS MANAGEMENT
CENTRAL LAB SERVICES (CROS)
LAB SOFT SOLUTIONS

(3 TECH)

E-mail : medclspathlab@yahoo.com

Web : www.medclpathlab.com

हर रविवार को 30 साल से उपर की महिला व पुरुष के शुगर की जाँच फ्री की जाती है

Shop No. 167 Mangal Bazar Road, Chauhan Patti, Anandpur Delhi 110094

Ravi