

Client Registration Form

Client Details:

Client Type: DC Client ID \_\_\_\_\_  
(Will be generated by JITM)

Client Name SAI MEDICALS  
(CC/DC/Doctor/Hospital/Laboratory)

Location BARMAMINES, JAMSHEDPUR (Mandatory)

Client Address: BARMAMINES MARKET, JAMSHEDPUR-831007

Business Zone BARMAMINES City JAMSHEDPUR State JHARKHAND

Client SPOC Details:

Name RAJA PARIKSHIT Mobile (+91) \_\_\_\_\_ Designation: OWNER

Email: parikshitraja@gmail.com Security Amount (if any): NO -

Sales & Financial Details

Sales Manager (JITM) K.C. PRAJAPATI Mobile 1 9334801802

Email: kcharan908@gmail.com Mobile 2 \_\_\_\_\_

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. Agreements – (Original with Signature)

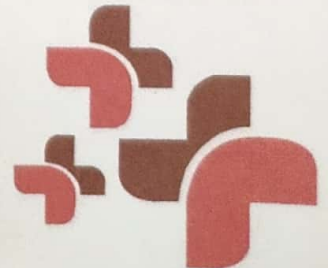
*Raja Parikshit*

(Client's Stamp & Signatures)



*K. Charan*

(Sales Person's Signatures JITM)



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

Website: [www.jitm diagnostics.com](http://www.jitm diagnostics.com)  
[www.jitm covidtesting.com](http://www.jitm covidtesting.com)  
Email: [jitm diagnostics@gmail.com](mailto:jitm diagnostics@gmail.com)

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

## 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 SAI MEDICALS having its office/clinic at BARMAMINES MARKET, JAMSHEDPUR- 831007 (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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Website: [www.jitm diagnostics.com](http://www.jitm diagnostics.com)  
[www.jitm covid testing.com](http://www.jitm covid testing.com)  
Email: [jitm diagnostics@gmail.com](mailto:jitm diagnostics@gmail.com)

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

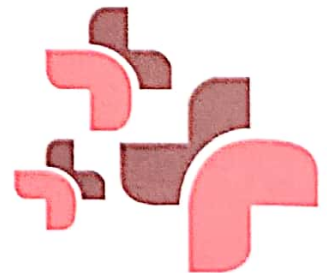


6. Provide the updated Price of each test offered by JITM network laboratories. The Price of test shall be subject to change with or without prior notice based on input costs and market considerations.
7. JITM shall provide the results and retain the records as per archival policy and SOP of JITM.
- 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.

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*Raja Pankajit*  
  
Website: [www.jitm-diagnostics.com](http://www.jitm-diagnostics.com)  
[www.jitm-diagnostics.com](http://www.jitm-diagnostics.com)  
Email: [jitm-diagnostics@gmail.com](mailto:jitm-diagnostics@gmail.com)

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



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

*K.C. PRAJAPATI (T.H.)*

Name:

Designation : Authorized Signatory

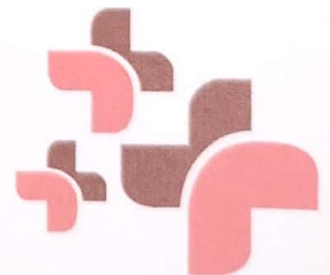
*K.C. Prajapati*

FOR

*Raja Pantelid*

Name:

Designation : Authorized Signatory



### Annexure

JITM is pleased to offer the discount to M/s SAI MEDICALS (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 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.

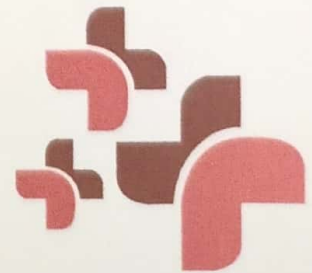
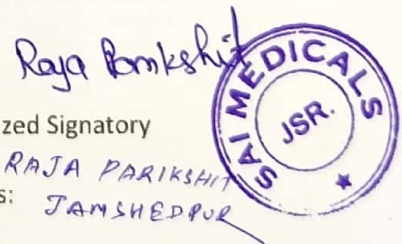
Date: 22/03/2024

For: \_\_\_\_\_  
 (Detail of Direct Client)

Authorized Signatory

Name: RAJA PARIKSHIT

Address: JAMSHEDPUR



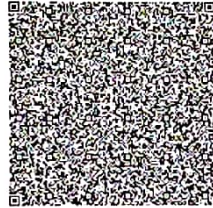


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/00019/62714

To  
राजा परिक्षित  
Raja Parikshit  
C/O: Ghanshyam Singh,  
duplex no-3,  
sai shyam darbar,  
neelkanth residency,  
VTC Jojobera,  
PO Rahargora,  
Sub District Golumri,  
District East Singhbhum,  
State Jharkhand,  
PIN Code 831016,  
Mobile 9470761937



Signature Not Verified  
Digitally signed by Raja Parikshit  
Unique Identification  
Authority of India  
Date: 2024.09.13 13:41:21  
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

8155 6574 1544

VID : 9171 7494 6900 6635

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no issued 09/11/2016



राजा परिक्षित  
Raja Parikshit  
जन्म तिथि/DOB: 16/01/1992  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) 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 XML).

8155 6574 1544

मेरा आधार, मेरी पहचान



Government of India



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 जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://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](http://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



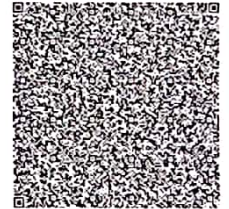
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 01/02/2024

पता:  
द्वारा: घनश्याम सिंह, दुपलेक्स न-3, साई श्याम दरबार,  
नीलकंठ रेसिडेंस्य, जोजोबरा, राहर्गोरा, पूर्वी सिंहभूम,  
झारखण्ड - 831016

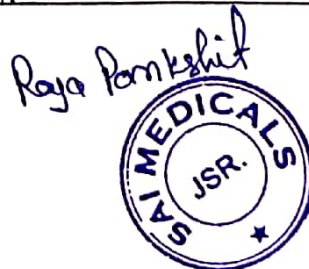
Address:  
C/O: Ghanshyam Singh, duplex no-3, sai  
shyam darbar, neelkanth residency, Jojobera,  
PO: Rahargora, DIST: East Singhbhum,  
Jharkhand - 831016



8155 6574 1544

VID : 9171 7494 6900 6635

1847 | help@uidai.gov.in | www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

RAJA PARIKSHIT

GHANSHYAM SINGH

16/01/1992

Permanent Account Number

CHXPP9320E

Raja Parikshit

Signature



20122013

Raja Parikshit



## Quantity Based Rates

|                   |  |
|-------------------|--|
| Name of Client    | SAI MEDICALS   |
| Address:          | BARMAMINES MARKET, JAMSHEDPUR-831007   |
| SPOC Name         | RAJA PARIKSHIT   |
| SPOC Number:      | 8789486388   |
| Email:            | <a href="mailto:parikshitraja1992@gmail.com">parikshitraja1992@gmail.com</a> |
| PAN No:           | CHXPP9320E   |
| Name of TH/AH/RH: | K.C.PRAJAPATI  |

| SN | ItemID | type_id | testcode | Test Name                               | MRP  | B2B Rate | Proposed Rate | Committed Min. No of Samples/Month |
|----|--------|---------|----------|---|------|----------|---------------|------------------------------------|
| 1  | 3446   | 3446    | J-750    | PROTHROMBIN TIMR (PT -INR)              | 600  | 200      | 150           | 50                                 |
| 2  | 3693   | 3693    | J-657    | LIPASE SERUM                            | 700  | 200      | 150           | 50                                 |
| 3  | 6306   | 6269    | JP-151   | THYROID PROFILE FREE (FT3 FT4 TSH )     | 900  | 250      | 150           | 50                                 |
| 4  | 3665   | 3665    | J-48     | AMYLASE SERUM                           | 700  | 200      | 150           | 50                                 |
| 5  | 88     | 88      | J-18     | ACTIVATED PARTIAL THROMBOPLASTIN TIM    | 500  | 200      | 150           | 50                                 |
| 6  | 8303   | 8303    | J-248    | Dengue Antigen NS1 & IgG + IgM          | 1800 | 750      | 500           | 100                                |
| 7  | 2741   | 2741    | J-668    | MALARIA ANTIGEN                         | 500  | 250      | 100           | 100                                |
| 8  | 4234   | 4234    | J-751    | RAPID PLASMA REAGIN (RPR VDRL)          | 300  | 150      | 50            | 100                                |
| 9  | 6551   | 6368    | J-409    | HEPATITIS C VIRUS ANTIBODY(HCV) - RAPID | 500  | 300      | 150           | 100                                |
| 10 | 6429   | 6342    | J-216    | CULTURE AND SENSITIVITY URINE           | 400  | 200      | 100           | 50                                 |
| 11 | 8011   | 8011    | J-247    | DENGUE NS1 ANTIGEN RAPID (TEST) BY CA   | 600  | 300      | 200           | 100                                |
| 12 | 7831   | 7368    | J-764    | COVID-19 VIRUS QUALITATIVE PCR          | 900  | 450      | 250           | 50                                 |

|                         |          |
|-------------------------|----------|
| Date Applicable From :  | 1/4/2024 |
| Date of Review on Rates | 31/08/24 |

|                                   |  |
|-----------------------------------|--|
| Name & Signature of Owner(Client) |  |
| Name & Signature of Approver      |  |

*\* Select tests form next sheet and paste tests in this sheet.*

*Raja Parikshit*  




| SN | FCC/DC CODE OPENING FORM                   |  |
|----|--|--|
| 1  | Client Type (FCC/DC)                       | DC   |
| 2  | Finance Type(Cash/Credit)                  | CASH   |
| 3  | Sales Manager for LIS                      | KALICHARAN PRAJAPATI   |
| 4  | State                                      | JHARKHAND  |
| 5  | Town/City                                  | JAMSHEDPUR   |
| 6  | Name of FCC/Client                         | SAI MEDICALS   |
| 7  | Area/Location Name                         | BARMAMINES   |
| 8  | Complete Address of Premises/Shop with PIN | BARMAMINES MARKET,JAMSHEDPUR,JHARKHAND-831007                                |
| 9  | Name of Owner                              | RAJA PARIKSHIT   |
| 10 | Phone Number of Owner                      | 8789486388   |
| 11 | Email:                                     | <a href="mailto:parikshitraja1992@gmail.com">parikshitraja1992@gmail.com</a> |
| 12 | PAN No:                                    | CHXPP9320E   |
| 13 | Advance Amount                             | 0  |
| 14 | Advance Cheque/UPI/Transaction Details     |  |
| 15 | Advance Payment Date                       |  |
| 16 | Applicable Price List                      | JHARKHAND B2B  |
| 17 | QBR (Yes/No) if yes share agreement list   | YES  |

*Raja Parikshit*

