

Client Registration Form

DATE: 27/07/24

Client Type: CREDIT Client ID: _____
(CCDC/Doctor/Walk-in) (Will be generated by JITM)

Client Name : AKSHARA HOSPITAL
(Fill in All CAPITAL LETTERS)

Currency: 45DAYS (mandatory) Location: GREATER NOIDA (mandatory)

Client Address: PLOT NO. NH-16, POCKET-J SECTOR, GAMMAD (C.B. NAGAR)
UP-201310

Business Zone: NORTH City C. NOIDA State UTTAR PRADESH

Landline No. 01204152546 Mobile No. 8447406404 Email AKSHARAHOSPITAL01@G.MAIL.COM

Client SPOC Details:

Name DR. DHIRAJ SINGHAL Mobile (+91) 7270800500 Designation: OWNER

Email Id LAVKUSH SINGH@JITM Security Amount (if any): N/A
DIAGNOSTIC.COM

Sales & Financial Details:

Sales Manager (JITM): LAVKUSH SINGH Mobile 1 7270800500

Email SAME Mobile 2 SAME

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 2013, having its registered office at 216 B, DDA LIG Flats, Jhilmil Colony, Shahdara, Delhi-110032 and corporate office at 8th 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 DR. BHARAT SINGHAI OWNER OF having its office/clinic at AKSHARA HOSPITAL - A DD - NH - 16 POCKET J - SEC. 2, Noida II (hereinafter referred to as "Direct Client") at its doorstep 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
"DGS"	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.



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 45 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.

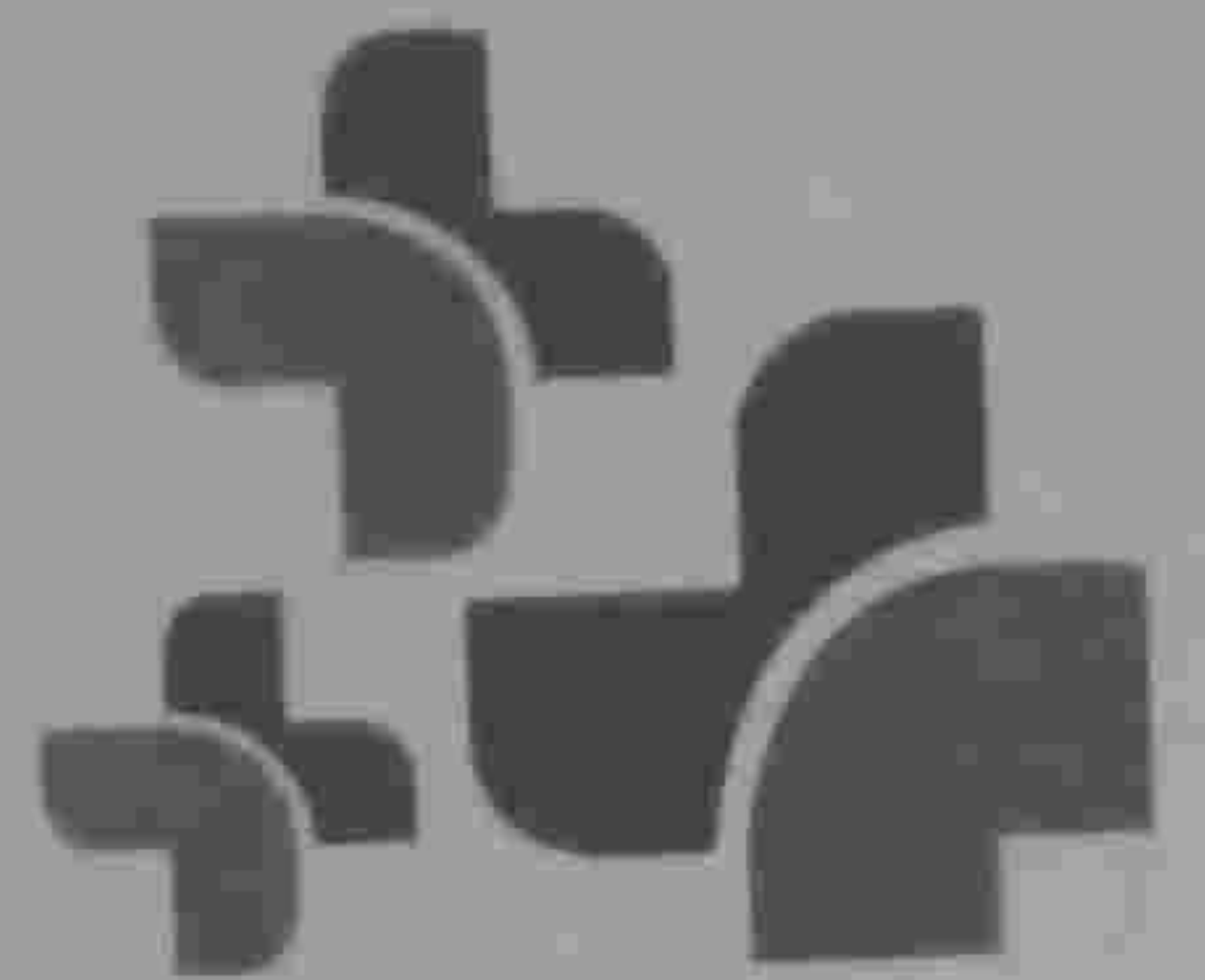
C. Miscellaneous Terms:

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.

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

Website: www.jitm diagnostics.com
www.jitm covidtesting.com
Email: jitm diagnostics@gmail.com

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



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.

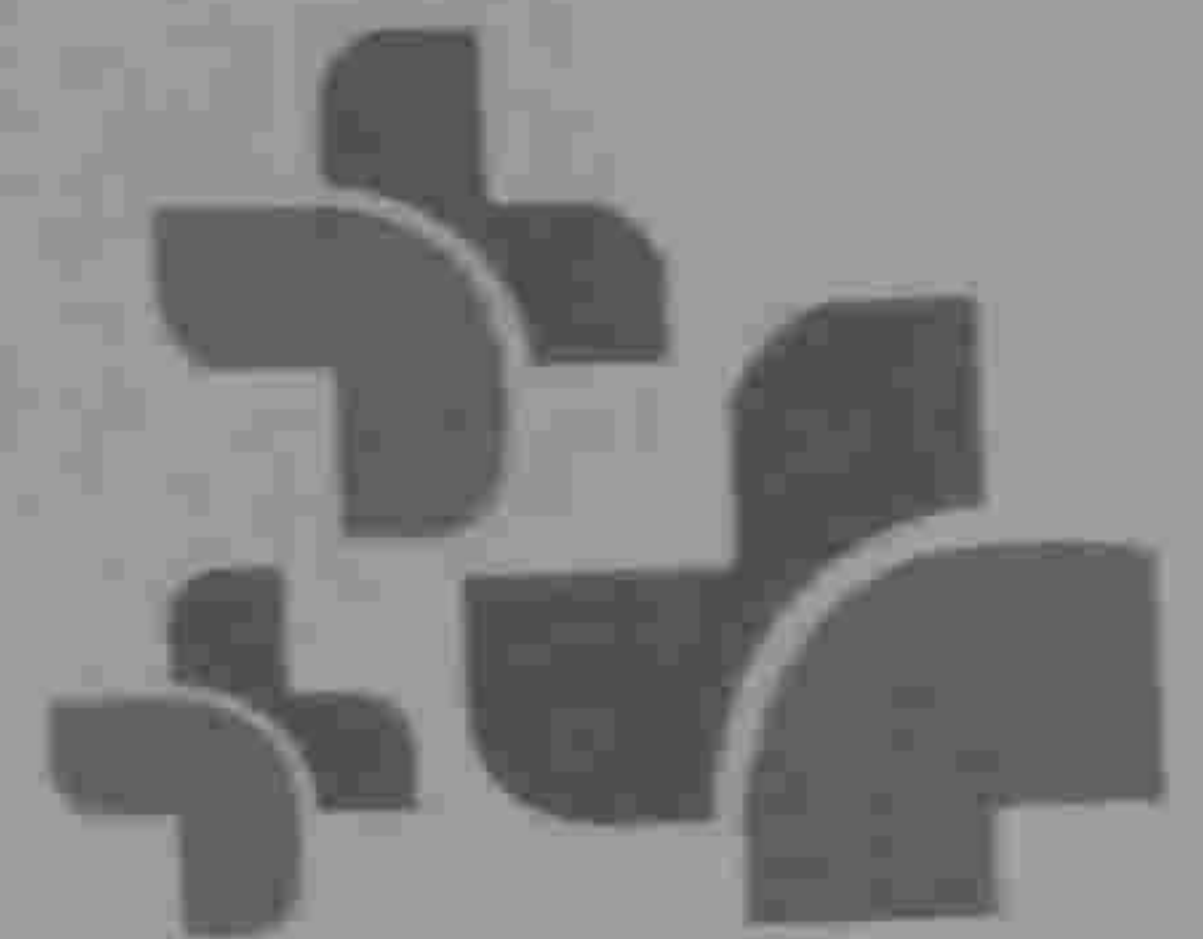
This understanding, with its detailed and intended cooperation and responsibilities, is accepted by virtue of the following signatures and remain in effect unless it expire by efflux of time or earlier terminated by any Party.

For JITM SKILLS PRIVATE LIMITED

Name:
Designation: Authorised Signatory

FOR _____

Name: 
Designation: Authorised Signatory



ANNEXURE A

(Direct

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

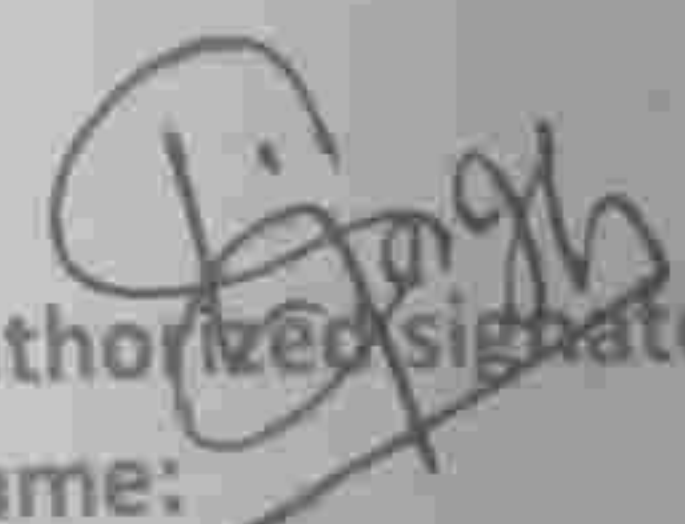
Category	Detail of Tests	Discount percentage on the Maximum Retail Price mentioned in JITM's Directory of Services.
Routine	Routine Tests	...%
Specialized	Specialized Tests	...%
Special Category	Swine Flu, Genexpert, BRCA, Paternity tests, PLAC, Sepsiscreen, Comprehensive Viral Flu Panel, AFB Rapid Genotypic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

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

 Website: www.jitmdiagnosics.com
 www.jitmccovidtesting.com
 Email: jitmdiagnosics@gmail.com

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




Akshara Hospital

Cancelled

Dr. *[Signature]*
M.D.S. (Dentistry) PGDPA
Plot No. 41762

(Prescription Valid For 3 Days Only)

For Appointment Call On: 0120-4152546, 8447406404, 7838460875
Plot No. NH-16, Pocket- J, Sector-Gamma-II, Greater Noida, Gautam Buddha Nagar, UP 201310
E-mail: aksharahospital01@gmail.com



ई- स्थायी लेखा संख्या कार्ड
e - Permanent Account Number (e-PAN) Card
AATFD3320P

नाम / Name	DPR MEDIWORLD LLP
निगमन/गठन की तारीख Date of Incorporation / Formation	13/01/2022
	
	Signature Not Verified Digitally signed by Income Tax Deptt Date: 2022.02.11 09:31:17 IST

- ✓ Permanent Account Number (PAN) facilitate Income Tax Department linking of various documents, including payment of taxes, assessment, tax demand tax arrears, matching of information and easy maintenance & retrieval of electronic information etc. relating to a taxpayer. स्थायी लेखा संख्या (पैन) एक करदाता से संबंधित विभिन्न दस्तावेजों को जोड़ने में आयकर विभाग को सहायक होता है, जिसमें करों के भुगतान, आकलन, कर मांग, टैक्स बकाया, सूचना के मिलान और इलक्ट्रॉनिक जानकारी का आसान रखरखाव व बहाली आदि भी शामिल है।
- ✓ Quoting of PAN is now mandatory for several transactions specified under Income Tax Act, 1961 (Refer Rule 114B of Income Tax Rules, 1962) आयकर अधिनियम, 1961 के तहत निर्दिष्ट कई लेनदेन के लिए स्थायी लेखा संख्या (पैन) का उल्लेख अब अनिवार्य है (आयकर नियम, 1962 के नियम 114B. का संदर्भ लें)
- ✓ Possessing or using more than one PAN is against the law & may attract penalty of upto Rs. 10,000. एक से अधिक स्थायी लेखा संख्या (पैन) का रखना या उपयोग करना, कानून के विरुद्ध है और इसके लिए 10,000 रुपये तक का दंड लगाया जा सकता है।
- ✓ The PAN Card enclosed contains Enhanced QR Code which is readable by a specific Android Mobile App. Keyword to search this specific Mobile App on Google Play Store is "Enhanced QR Code Reader for PAN Card." सलस्य पैन कार्ड में एनहान्स क्यूआर कोड शामिल है जो एक विशिष्ट एंड्रॉइड मोबाइल ऐप द्वारा पठनीय है। Google Play Store पर इस विशिष्ट मोबाइल ऐप को खोजने के लिए कीवर्ड "Enhanced QR Code Reader for PAN Card" है।

Cut

<p>आयकर विभाग INCOME TAX DEPARTMENT</p> <p>स्थायी लेखा संख्या कार्ड Permanent Account Number Card AATFD3320P</p> <p>नाम / Name DPR MEDIWORLD LLP</p> <p>निगमन/गठन की तारीख Date of Incorporation/Formation 13/01/2022</p> 	<p>भारत सरकार GOVT. OF INDIA</p> <p>इस कार्ड के खोने/पाने पर कृपया सूचित करें/बतवाएं:- आयकर पैन सेवा इकाई, एन एस डी यू 5 वीं मंजिल, मंत्री स्टर्लिंग, प्लॉट नं. 341, सर्वे नं. 997/8, मॉडल कॉलोनी, नैर डीप बंगलाव चौरक, पुणे - 411 016.</p> <p>If this card is lost / someone's lost card is found, please inform / return to :- Income Tax PAN Services Unit, NSDL, 5th Floor, Mantri Sterling, Plot No. 341, Survey No. 997/8, Model Colony, Near Deep Bungalow Chowk, Pune - 411 016. Tel: 91-20-2721 8000, Fax: 91-20-2721 8001 e-mail: trinfo@nsdl.co.in</p>
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Electronically issued and Digitally signed ePAN is a valid mode of issue of Permanent Account Number (PAN) post amendments in clause (c) in the Explanation occurring after sub-section (8) of Section 139A of Income Tax Act, 1961 and sub-rule (6) of Rule 114 of the Income Tax Rules, 1962. For more details, [click here](#)