JITM Skills Pvt. Ltd.

Client Registration Form
MOHD ZAFAR TEAM
(NORTH INDIA) GM

DATE: 27 / 10 /2024

Client Type: C.C
CC/DC/Doctor/Walk-in

Client ID: _____

Tag Prize list ~~SILVER~~ SILVER

Client code Name:

H	U	S	A	I	N		P	A	T	H	O	L	O	G	Y		L	A	B								

(Fill in All CAPITAL LETTERS)

CLINT NAME : MR. BILAL RAZA

CLINT MOB NO 8 2 7 2 8 9 9 1 4 3

Client Address: GULAR CHAURAHA KUNDERKI MORADABAD

City KUNDARKI State U.P

~~Client SPOC Details: LOCATION:-~~

Name MOHD ISTIYAK Mobile(+91) ~~9784~~ 8439020766

FE SPOC Details

Name MOHD SHABAB Mobile(+91) **9761415415** Designation: TH

Sales & Financial Details:

Sales Manager(JITM): **SHADAB ALI** Mobile1 **9528179484**

Email ALISHADAB619@GMAIL.COM Mobile2 _____

TEST CODE	TEST NAME	PRIZE	TEST CODE	TEST NAME	PRIZE
J-40B	HCV RNA Quantitative	900			

(Client's Stamp &Signatures)

(Sales Person's Signature)

M: +91 962 593 2005
M: +91 892 999 5511
Toll Free: 1800-120-38-38-38

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