

Client Registration Form

Client Details:

Client Type: _____ Client ID: _____
(Will be generated by JITM)

Client Name: Vidharth polyclinic and Diagnostic Center
(CC/DC/Doctor/Hospital/Laboratory)

Location: Taimoor Nagar (Mandatory)

Client Address: 98A, Ground floor, Namberdas Estate, New friends Colony (NFC), Taimoor Nagar, New Delhi - 110065

City: New Delhi State: New Delhi PIN: 110065

Client SPOC Details:

Name: Dr. Vishwajit Kumar Mobile (+91) 9599924103 Designation: M.B.B.S
Email: Vidharthpolyclinicanddiagnosticcenter@outlook.com Security Amount (if any): _____

Sales & Financial Details

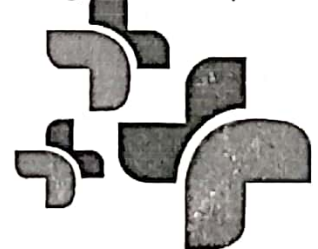
Sales Manager (JITM): Rajeev Kumar Mobile 1: 9899970095
Email: rajeevkumar.3278@gmail.com Mobile 2: _____

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)

(Client's Stamp & Signatures)
Dr. Vishwajit Kumar
Vidharth Polyclinic and Diagnostic Center
DMC - 77394
Property No. 98A, Ground Floor
Taimoor Nagar, NFC, New Delhi-110065

(Sales Person's Signatures JITM)



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

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 Vidhatha polyclinic and Diagnostic Centre having its office/clinic at 98A, Ground floor, Nambardar Estate New Friends colony (NFC), Fairmore Nagar, New Delhi - 110065.

(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.

[Handwritten Signature]
 06/07/24

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 M: +91 8929995511
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Website: www.jitmdiagnostics.com
www.jitmccovidtesting.com
 Email: jitmdiagnostics@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 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:

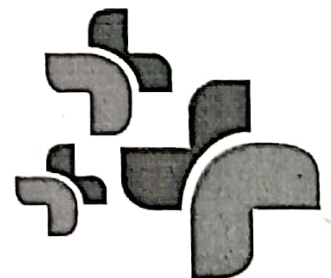
1. Confidentiality: Each Party shall keep secret all confidential information, if any transmitted to it or made available to it by other Party and shall not pass such information on wholly or partly, to third party without express written consent of the other Party.


06/07/24

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




Annexure

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 % 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 Price List (QBR)	Selective Tests (QBR)	* As Per Attached List of Tests (QBR)
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: 06-07-24

Signature : 

Name : Rajeev Kumar

Designation : TMS

For: 
(Detail of Direct Client) 06/07/24

Authorized Signatory

Name: Dr. Vishwajit Kumar

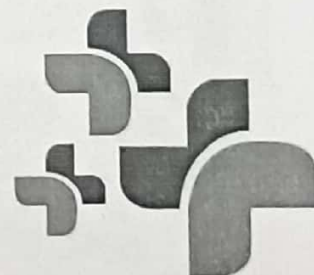
Address:





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Vidharth Polyclinic and Diagnostic Center
DMC - 77394
Property No. 98A, Ground Floor
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 भारत सरकार Government of India		 आधार AADHAAR	
भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India			
डाउनलोड करें: 20.03.2021 To: Vishwaajit Kumar Singh CO: Maharashtra - Mumbai 27 - C Changeover: 2 Reasoning: Passive Generated by: 270113 Generated Date: 20.03.2021		डाउनलोड करें: 20.03.2021 To: Vishwaajit Kumar Singh CO: Maharashtra - Mumbai 27 - C Changeover: 2 Reasoning: Passive Generated by: 270113 Generated Date: 20.03.2021	
आधार आभार प्रमाण / Aadhaar No.: 6657 6460 3873 UID: 6657 6460 3873		आधार आभार, मेरी पहचान	
			
आधार आभार, मेरी पहचान 6657 6460 3873 UID: 6657 6460 3873		आधार आभार, मेरी पहचान 6657 6460 3873 UID: 6657 6460 3873	
INFORMATION Aadhaar is a proof of identity, not of citizenship. Verify Identity using Secure QR Code/ Offline XML/ Online Authentication. This is electronically generated letter. * आधार देना सब से मायब है। * आधार को सरकारी और गैर सरकारी सेवाओं को बना आसान बनाता है। * आधार से सेक्यूरिटी और डीजिटल ID अपडेट करें। * आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App है साथ। * Aadhaar is valid throughout the country. * Aadhaar helps you avail various Government and non-Government services easily. * Keep your mobile number & email ID updated in Aadhaar. * Carry Aadhaar in your smart phone - use mAadhaar App.			

Handwritten signature

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BRVPK1590C



नाम / Name

VISHWAJIT KUMAR

पिता का नाम / Father's Name

MANVENDRA KUMAR SINGH

जन्म की तारीख / Date of Birth

05/09/1989

हस्ताक्षर / Signature

57881



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भारत सरकार
Government of India



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0646/00019/91427

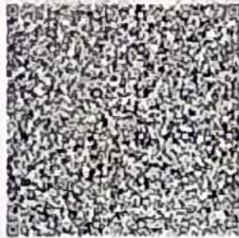
Download Date: 22/03/2021

To

विश्वजीत कुमार
Vishwajit Kumar
C/O. Manvendra Kumar Singh
27 - C

Chargawan
Gorakhpur
B. and Medical College
Gorakhpur Uttar Pradesh - 273013
7666352353

Signature Not Verified
Date: 20/12/2020
Time: 15:43:24
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

6657 6460 3873
VID : 9181 8098 1468 8985

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 22/03/2021



विश्वजीत कुमार
Vishwajit Kumar
जन्म तिथि/DOB: 05/09/1989
पुरुष/ MALE

Issue Date: 20/12/2020

6657 6460 3873

VID : 9181 8098 1468 8985

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- स्मार्ट QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

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- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:

द्वारा: मानवेंद्र कुमार सिंह, 27 - सी, रापतिनगर फेज - 2,
चरगावा, गोरखपुर, गोरखपुर,
उत्तर प्रदेश - 273013

Address:

C/O: Manvendra Kumar Singh, 27 - C,
Raptinagar Phase - 2, Chargawan,
Gorakhpur, Gorakhpur,
Uttar Pradesh - 273013



6657 6460 3873

VID : 9181 8098 1468 8985

1947

help@uidai.gov.in

www.uidai.gov.in



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VIDHARTH POLYCLINIC AND DIAGNOSTIC CENTER

Dr. Vishwajit Kumar Dr. Nidhi Singh

M.B.B.S (L.T.M.M.C, Mumbai)

Ex - JR - Lok Nayak Hospital, New Delhi

Ex - SR - ESI Hospital, New Delhi

General Physician & Diabetes Specialist.

MD (Ayu. Medicine)

Ex - Assistant professor (I.A.M.C), Greater Noida

General Physician Diabetes and Rheumatology Specialist

Dr. Vedpal Singh

MBBS, MS (Laparoscopic Surgeon)

Ex Resident : UGMS & GTB Hospital New Delhi

Sardar Vallabh Bhai Patel Hospital, Patel Nagar, New Delhi

Max Hospital : Patparganj, Shalimar Bagh, Gurugram

Fortis Hospital, Gurugram

Saroj Hospital, Rohini, New Delhi

Name :

GC -

Date:

Age/Sex :

PR -

OPD ID:

BP -

Past Medical History

SP02 -

Chief Complaint

Treatment Plan :

Timing

Tuesday to Sunday :
9:30 AM to 3:00 PM
5:00 PM to 9:00 PM

Monday (Evening)
5:00 PM to 8:00 PM

Appointment : +91-9599424103 | Emergency : +91-9554484851

Property No. 98A, Ground floor, Namberdar Estate, New Friends Colony (NFC), Taimoor Nagar, New Delhi - 65

E-mail : vidharthpolyclinicanddiagnosticcenter@outlook.com

