

Client Registration Form

Client Type:Client ID:
Client Name: LIFE CARING LAB USE Care Path hots (Fill: In All CAPITAL LETTERS)
Currency: (mandatory) Location: (mandatory)
Client Address: OPP. CEL Company complex Jahan author Phariabus
Business Zone: NORTH City CHAZIABAD State UP
Landline No. 870219874 Mobile No. 6206027253 Email
Client SPOC Details: Name DV RAVI
Email Id Life care Path about Security Amount (if any): NIA. Sales & Financial Details:
Sales Manager (JITM): LAVKUSH, SINUH Mobile 1 7270800500
Email lav kush singh@117mdignosic Mobile 2
Decuments 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)

(Sales Person's Signatures JITM)



Client.



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 LIFE CARE, PAIN (ab) 20131 D Chr. Stoke Cample. OPP. CEL (Omprey (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

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:

shall means Clients under this understanding which could be either a Consultant, "Direct Client"

a Doctor, a nursing home, a Hospital, Clinic, a Path Lab or any other Healthcare

Pathology Test Reports provided by JITM by way of electronically or otherwise "Test Result"

run on the Sample provided by Direct Client.

shall mean the clinical sample of blood, urine, swab, tissue or any other part of "Sample"

the human body which is required to run the pathology test for the Services.

Turn Around Time required to run the test. "TAT"

Standard Operating Procedure as defined by JITM from time to time "SOP"

Directory of Services of tests and price list issued and revised by JITM from time "DOS"

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.
- 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.
- JITM shall provide the results and retain the records as per archival policy and SOP of JITM.

Phone: 120-4371478 M: +91 8929995511

- 18UU-12U-38-38-38

Website: www.jitmdiagnostics.com www.jitmcovidtesting.com

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





B. Direct Client agrees as following:

- 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.
- 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.
- 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 30 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:

- 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

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	76
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

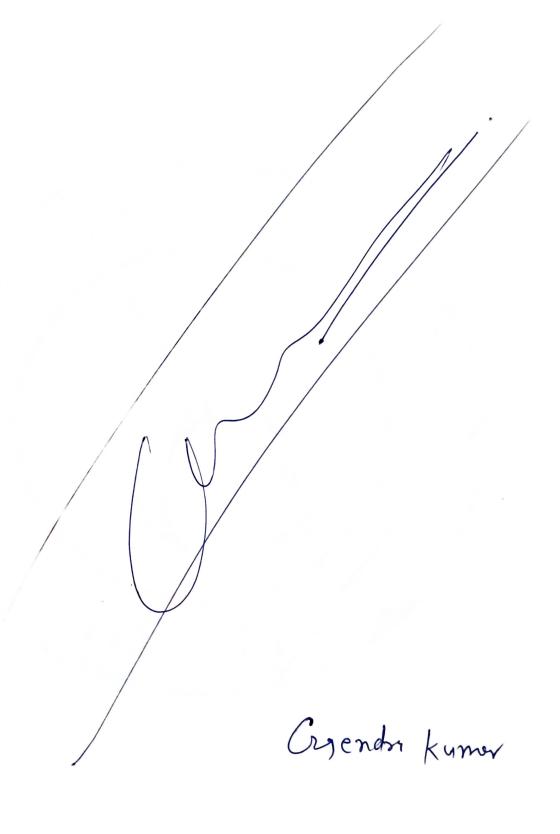
Website: www.jitmdiagnostics.com www.jitmcovidtesting.com Email: jitmdiagnostics@gmail.com

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











भारत सरकार Government of India





गजेन्द्र कुमार Gajendra Kumar जन्म तिथि/DOB: 16/10/1998 THE 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).

2894 7500 2346

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



S/O: लालचंद सिंह, बंगाली भिटी, भिटी सहाबुदीन, मरीचा, रूमरीचा, सारन, हिबिहार - 841411

address:

S/O: Lalchand Singh, Bangali bhithi, bhithi sahabuddin, Maricha, PO: Maricha, DIST: Saran.

Bihar - 841411





VID: 9106 3690 3079 1079



M help@uidai.gov.in



