Health Checkup Service Provider Application Form

Name of Medical Centre: Lotus diagnostic and Imaging centre

Proprietor (s) / Director (s) Name: Dr. RAJESH REDDU Mobile Number: 8396898989

Marketing person Name: Anil Sheoran Mobile Number: 8396898989

Address: Plot No. /Shop No. H.NO 273 Street: Gurudwara Road

Locality: model Town Landmark: Gurudwara Town / City: HISAR

District: HISAR State: HARYANA Pin Code: 125001

STD Code: Tel (landline): Fax No:

E-mail: lotusimagingPvtLtd@gmail.com Website:

Registration number: Registering Authority:

Health checkup Coordinator Name: Anil Sheoran **Email ID:** drreddy@gmail.com **Mobile:**

Health checkup Report Coordinator Name: Anil Sheoran **Email ID:** **Mobile:** 9215404000

Accounts Coordinator Name: Anil Sheoran. **Email ID:** **Mobile:**

HOME SAMPLE COLLECTION FACILITY: YES / NO ✓

PAYMENT DETAILS:

Payment Mode (tick mark): ✓ ECS CHEQUE

Payment Information

Provide PAN number of the person or institution, in whose name cheque is to be issued.

S.N0	Particulars	Details	S. No.	Particulars	Details
1	Cheque in Favour of	Lotus diagnostic & imaging solution Pvt Ltd	5	A/C No	59228396898989
2	Account Type	Current	6	MICR No	
3	Bank name	HDFC	7	IFS-Code:	HDFC0001433
4	Branch	AKASH PLAZA JINDAL CHOWK HISAR	8	PAN No. (Mandatory)	AAECL5295K

I agree all information provided is true and consent to conduct the Health Checkups.

AUTHORIZED SIGNATORY (NAME AND DESIGNATION)

Reddy
Dr. RAJESH REDDU
Director
Lotus diagnostic and imaging Solution Pvt Ltd.

SEAL

Lotus Diagnostic & Imaging Solutions Pvt. Ltd.
Director

	Dental Consultation	ENT Consultation	Home Visit	Break Fast	Sunday Working
yes			✓		✓
NO	✓	✓			

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Director

	Mammography OR Sonomammography	Bone Densimetory	Audiometry	Doctor Consultation	Eye Consultation	Gyenac Consultation
YES	✓		✓			
NO				✓	✓	✓

Lotus Diagnostic & Imaging Solutions Pvt Ltd

Director

	PATHOLOGY	ECG	TMT	X-RAY	2D ECHO	USG	Paps Smear	PFT
Yes	✓	✓		✓	✓	✓		✓
No			✓				✓	

Lotus Diagnostic & Imaging Solutions Pvt. Ltd.

Director