# Ayush Health Centers

Corporate Health & Wellness Services

DR.TANVIDALAT

Ayushhealth2007@gmail.com

# Health Checkup Service Provider Application Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Medical Cen                                                                                     | tre AYUSH HEALTH CENTRE                                                                         |                                         |                                                             |                                                         |                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Proprietor (s) / Directo                                                                                | or(s)Name : DR TANVI DALAL                                                                      |                                         | Mobile Numb                                                 | per : 9377/107/61                                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | amator Hame                                                                                             | DR TANVI DALAL                                                                                  | r                                       | Mohilahlumhar                                               | 0377440004                                              |                      |
| Plot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No./Shop No. <u>334 NEX</u>                                                                             | US BUSINESS HUB                                                                                 | 5                                       | treet MAKTANAD                                              | 337741U201                                              | Addres               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | Landmark <u>ABOVE DHIR</u>                                                                      | ALSONS                                  | CHUDDING PART                                               | OK-ZAUESHWAR ROA                                        | <sup>AD</sup> Locali |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                 | RUCH                                    | SHOPPING WALL                                               |                                                         | Town /C              |
| Distric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t BHARÚCH                                                                                               |                                                                                                 |                                         |                                                             | ·                                                       |                      |
| STDC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | do                                                                                                      | State GUJARAT                                                                                   |                                         | PinCod                                                      | le <u>392001</u>                                        |                      |
| 31DC0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ue                                                                                                      | el(landline)                                                                                    |                                         | FaxNo                                                       |                                                         | E-mail               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | We                                                                                              | bsite_                                  |                                                             | •                                                       | 0                    |
| ···u···iue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         | <u> JDYAM-GJ-06-0007196                                    </u>                                 | stering A                               | authority MSME                                              | •                                                       | HOME                 |
| SAMPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LE COLLECTION FACILI                                                                                    | TY: YES /NO <u>YES</u>                                                                          | *************************************** |                                                             |                                                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                 |                                         |                                                             |                                                         |                      |
| Paymer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt Mode (tick mark):                                                                                    | ECS CHEQUE                                                                                      |                                         |                                                             |                                                         |                      |
| P <b>äyme</b><br>Provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nt Information                                                                                          | person or institution, in whos                                                                  | se name                                 | cheque is to be is                                          |                                                         |                      |
| P <b>äyme</b><br>Provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nt Information  de PAN number of the  Particulars                                                       | person or institution, in whos                                                                  | SE name                                 | cheque is to be is                                          |                                                         |                      |
| Payme<br>Provid<br>SINO<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt Information  de PAN number of the  Particulars  Cheque in Favour of                                  | person or institution, in whos  Details  AYUSH HEALTH CENTRE                                    | Se name                                 | Particulars                                                 | ssued.                                                  |                      |
| Payme<br>Provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt Information  de PAN number of the  Particulars  Cheque in Favour of  Account Type                    | person or institution, in whose Details  AYUSH HEALTH CENTRE  CURRENT                           | \$5.No.<br>5                            | Particulars  A/C No  MICR No                                | Details<br>1899902000000612<br>392049002                |                      |
| Payme<br>Provide<br>SiNO<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt Information  de PAN number of the  Particulars  Cheque in Favour of                                  | person or institution, in whos  Details  AYUSH HEALTH CENTRE                                    | Se name                                 | Particulars                                                 | Details 1899902000000612                                |                      |
| Provide Provid | nt Information  de PAN number of the  Particulars  Cheque in Favour of  Account Type  Bank name  Branch | person or institution, in whose  Details  AYUSH HEALTH CENTRE  CURRENT  FEDERAL BANK            | 5 (S:No. 5 6 7 8                        | A/C No MICR No IFS-Code: PAN No. (Mandatory)                | Details<br>1899902000000612<br>392049002<br>FDRL0001899 |                      |
| Provide Provid | nt Information  de PAN number of the  Particulars  Cheque in Favour of  Account Type  Bank name  Branch | person or institution, in whose Details AYUSH HEALTH CENTRE CURRENT FEDERAL BANK NADELAV BRANCH | 5 (S:No. 5 6 7 8                        | Particulars  A/C No  MICR No  IFS-Code: PAN No. (Mandatory) | Details<br>1899902000000612<br>392049002<br>FDRL0001899 |                      |

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### MEMORANIHIM OF UNIFICATIONS

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| BETWEEN                                                                                                                                                                                                                                                                                                                                                                                    |
| Aren Femi Healtheure Life, a consignity incongruent and or the relevant provisions of the inclinal congruence Let. Whe addition is a Corporate (Mice at 1-701 Later bartic, from India -1 MAN thereinstone selected by an Medi Warel and which expression six unless in the represent to the context or meaning thereof duali down to mean and include its one course and additional PART. |
| AND                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                            |
| herindus relevant to as the "SERVICE PROVIDER" of the CHARLE PART.                                                                                                                                                                                                                                                                                                                         |
| WHEREAS. Medi wheel is a Welinets and Healthcare company providing Healthcare related services to its beneficiaries and characters.                                                                                                                                                                                                                                                        |

Note that agreement witnessed that:

This MINE VILLETT be required at their that i. .

### WHEREAS

- i. MEDIWHEEL intends to offer and for provide various services, either directly by inself and for through certain other businesses.
- ii. MEDIWHEEL is in the process of identifying mitable Professionals / Businesses or he available as MEDIWHEEL and or its Members / Channers. Chients/ Prospective consomers on a regular laste, and to provide their respective services as MEDIWHEEL and or its Members / Canadians.
- iii. MEDVIHEFL is a Healthcase atministrative various provides organization providing a range of Healthcas relaxivesticas.
- is. MEDIWHIEL has appreated the Sevice Providents and of the Sevice Provident services for ineff and no fine the beseful of its Members. Comments
- v. The Service Provider has agreed to provide its services to MEDIW HEEL and furthe Members (Commenced a remissionic).
- vi. Second Party is engaged in the business of Possiding Diagnostic Services and Consultation.
- vii. The Second Party has approached "AHCL" and has expresented that they have the requisite experience influencements resources to provide "AHCL" the services in aconcluses with the terms of this Agreement.
- via AHCL less thus, based on the representations of the Second Parp, and agreed to appoint the Second Parp for the provisions of the services on a non-exclusive basis during the term of this Agreement.
- in. Paries are now desirous of enering into this Agreement to record their matural agreement and understanding regarding the officing of services in accordance to this Agreement. MEDI WHEEL and the Service Provides inscrapped on remain terms and conditions to govern their relationship as ser out therein below.

## 1. QUALITY OF SERVICES:

- LL. The Service Provider shall provide services of good quality and prodessional nature in accordance with best marries.
- 12 Series provide shall provide desalled information about its series. Activities including noncouncil series.
- 1.3. The Service Provides may be called upon to one into a separate Service Level Agreement with MET/WEEF or MED/WHEEL may develop an appropriate Operations Manual, wherein certain quality sandards university specific terms and conditions in respect of the Service Provider's services, will be identified. The Service Provider shall

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endeavour to adhere to the standards of quality and additional terms and conditions, identified in such Service Level Agreement and / or Operations Manual. The said Service Level Agreement and / or the Operations Manual shall be 1.4. MEDIWHEEL shall have the right to monitor the quality of services provided by the Service Provider to

1.5. In the event that MEDIWHEEL is not satisfied with the quality of services provided by the Service Provider to MEDIWHEEL and / or its Members / Customers, MEDIWHEEL shall have the right to terminate this Agreement in accordance with the provisions of Clause 9 below.

### Scope

- 1.6. AHCL shall send a qualified and valid Lead to Second Party for the supply of Services to the Lead.
- 1.7 Second party shall take reasonable steps to ensure that the Leads generated are fulfilled through the Service Providers.
- 3. It must be noted that AHCL is a mere facilitator for the fulfillment of the order and shall not be liable for any deficiency or defect the Services supplied by the Second Party.

## 4. PAYMENTS:

- 4.1 MEDIWHEEL and the Service Provider have already agreed upon certain rates on the basis of which the Service Provider shall charge for its services. These charges shall be mentioned in Annexure 1.
- 4.2 The Service provider shall not be entitled to change the said rates without prior consultation with MEDIWHEEL
- 4.3 The service provider can be penalized up to of the bill amount for exceeding the TAT for sending the reports to
- 4.4 MEDIWHEEL may, in its discretion, inform its Members / Customers of the total amount of charges in respect of the Service Provider's services, without, separately, indicating the amount of the add-on Service Fee included
- 4.5 The Service Provider shall raise its bills on MEDIWHEEL on a monthly basis. MEDIWHEEL agrees to pay eligible bills within 20 days from the date of receipt of such bills from the Service Provider.
- 4.6 The Service Provider shall submit the monthly bills to the local "MEDIWHEEL" office.
- 4.7 All payments by MEDIWHEEL to the Service Provider shall be subject to the applicable laws in India, such as those relating to tax deduction at source, etc.

## 5. CERTAIN SPECIFIC OBLIGATIONS ON THE PART OF THE SERVICE PROVIDER:

- 5.1 The Service Provider shall at all times treat "MEDIWHEEL" Members / Customers in a courteous manner and
- 5.2 The Service Provider shall be responsible for protection of all information, contents, software, etc., being utilized by it for the purposes of implementing the terms and conditions of this Agreement and for the purpose of providing its services to MEDIWHEEL and /or its Members / Customers.
- 5.3 The Service Provider shall utilize its hardware, software, access codes to MEDIWHEEL's website, such as User ID and Password, etc., with utmost discretion and solely for the purpose of implementing the terms and conditions of this Agreement and for the purpose of providing its services to MEDIWHEEL and /or its Members / Customers. The Service Provider shall not provide access or part with its User ID and /or Password to MEDIWHEEL's website, to any unauthorized person.
- 5.4 The Service Provider shall be responsible for ensuring due compliance with any Laws, Guidelines, Regulations, Codes of Conduct, etc., Specifically, Governing the Service Provider's Profession and its Activities.
- 5.5 For the purpose of implementing the terms and conditions of this Agreement and for the purpose of providing its

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services to MEDIWHEEL and/or its Members/Customers, the Service Provider shall not assign its rights and / o obligations under this Agreement. Further, without the specific prior written consent of MEDIWHEEL, the Service Provider shall not, in any manner, utilize the services of any third party for the purpose of implementing the terms and conditions of this Agreement and for the purpose of providing its services to MEDIWHEEL and / or its Members :

- 5.6 The Service Provider agrees to have medical audit on periodical basis as and when necessary with "MEDIWHEEL" audit team and allow access to the representatives of 'MEDIWHEEL'.
- 5.7 MEDIWHEEL does not assume any responsibility for any loss, harm, injury etc. that may be caused to or suffered by the Service Provider due to a breach of any of the obligations of the Services mentioned herein. The Service Provider hereby indemnifies MEDIWHEEL and assures to keep MEDIWHEEL indemnified from all loss, harm, injury, etc., that may be caused to and/or suffered by MEDIWHEEL due to any breach, by the Service Provider, of the obligations mentioned herein and vice versa.

# RELATIONSHIP AMONGST THE SERVICE PROVIDER, MEDIWHEEL AND ITS SUBSCRIBERS:

- 6.1 The relationship between the Service Provider and MEDIWHEEL shall be on a principal-to-principal basis.
- 6.2 In its relationship between the Service Provider and MEDIWHEEL, MEDIWHEEL shall represent the interests of its Members/Customer /Prospective clients and shall, at all times, act in such manner as to protect the interests and ensure
- 6.3 The relationship between the Service Provider and the Members/Customers/Prospective customers of MEDIWHEEL shall be as between a Service Provider and a client.

### NON-EXCLUSIVITY: <u>7.</u>

- 7.1The arrangement between MEDIWHEEL and the Service Provider shall be on a non-exclusive basis.
- 7.2 MEDIWHEEL shall have the right to identify, seek and avail of the services of other Services, Businesses,
- anals, etc., providing the same or similar services, as are being provided by the Service Provider.
  - 7.3 However, the Service Provider may provide its services through the internet or any other website, or any other mode similar to that being, presently, adopted by MEDIWHEEL, only after obtaining specific written consent from MEDIWHEEL, which consent shall not be unreasonably withheld.

- 8.1 The Service Provider shall be solely and directly responsible and liable for any losses and / or damages caused to or suffered by MEDIWHEEL and / or its Subscribers as a result of any defect in the Service Provider's goods and /
- 8.2 The Service Provider, hereby, indemnifies MEDIWHEEL and assures to keep MEDIWHEEL indemnified from any loss, harm, injury, damages, etc.. that may be caused to and / or suffered by MEDIWHEEL, as a result of any defect in the Service Provider's goods and / or deficiency in the Service Provider's services availed of by the
- 8.3 MEDIWHEEL, in its complete discretion, shall have the right to disclose to its Members / Customers any and all information about the Service Provider, as may be available with MEDIWHEEL.

- TERM OF THIS AGREEMENT:
- 9.1 This Agreement shall be in effect for a Period of One Years from the date of its execution. 9.2 This Agreement may be extended for such further periods and on such terms as may be agreed upon, in writing,
- between the parties.

QN and Confidential Information: 10

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- 10.1 In the event that this Agreement is not extended as mentioned in Clause 7.2 above, the same shall be terminated on the expiry of the period mentioned in Clause 7.1 above.
- 10.2 Prior to the expiry of this Agreement by efflux of time, as mentioned in Clause 9.1 below, either party may terminate this Agreement by issuing One Month's Notice, in writing to the other party.
- 10.3 Although the Agreement may stand terminated, either by efflux of time and / or by violation of parties, the Service Provider shall remain responsible for all assignments being attended to by the Service Provider at the time of termination of the Agreement.
- 10.4 However, MEDIWHEEL has the right to call upon the Service Provider to, forthwith, cease to attend to any of its Subscribers and to identify any other Service Provider to provide the services required by its Members / Customers.
- 10.5 Confidential Information" shall mean any business, marketing, technical, scientific, IP or other information disclosed which, at the time of disclosure, is designated as confidential (or like designation), is disclosed in circumstances of confidence, or would be understood by the Parties, exercising reasonable business judgment, to be confidential, any work done under this agreement and/ or the terms of this agreement. However, "Confidential Information" shall not include any information which:
- 10.6was previously known by the receiving Party, as evidenced by its business records; or
- 10.7is lawfully in the public domain, other than through a breach of this agreement;
- 10.8 was disclosed to the receiving Party by a third party without any restrictions on its use or disclosure, provided the third party is not itself in breach of any obligations of confidence with respect to such information;
- 10.9is independently developed by the receiving Party, as evidenced by its business records;
- 10.10 is authorized by a third party with the right to do so;
- 10.11 is compelled by law, provided the disclosing Party provides the other Party with prompt notice of any efforts to compel disclosure and reasonably co-operates with other Party's lawful attempts to prevent disclosure or to obtain a protective order.
- 10.12 The Provider shall agrees that they will not approach the said corporate directly till the validation of MOU and 2 years after the expiry of contract.
- 10.13 Subject to provisions of this agreement, the Parties shall maintain any and all Confidential Information in confidence, and disclose the same only to employees, officers or to any third party/ consultant/ contractor hired to complete the work in terms of this agreement for the purposes of undertaking the work during the Term. The Parties shall use the same degree of care as each of them uses to protect its own Confidential Information of a similar nature, but no less than reasonable care, to prevent the unauthorized use, dissemination or publication of Confidential Information.

### 11 BREACH OF CONTRACT AND CONSEQUENCES THEREOF:

- 11.1 Notwithstanding anything else contained in this Agreement to the contrary, in the event of a breach, by the Service Provider, of any of the terms of this Agreement, MEDIWHEEL shall have the right to terminate this Agreement, immediately and without any notice period.
- 11.2In the event of termination of this Agreement in pursuance of the above clause, MEDIWHEEL shall have the right to call upon the Service Provider to, forthwith, cease to attend to any of its Members / Customers and to identify any other Service Provider to provide the services required by its Members / Customers.
- 11.3The Service Provider undertakes to comply with all directions of MEDIWHEEL in this regard.

Ayush Health Centre Dr. Tanvi Dalal





## MediWheel Full Body Health Checkup Male Above 40

|                   | Test Name                                                                                                                            |                     |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Description       | For the most Comprehensive Check of all Pathology for complete understanding of your body.                                           | Description         |
| General Health    | CBC with ESR, Urine analysis, Stool Analysis, Blood Group                                                                            | General Health      |
| Diabetes          | Blood Sugar & Urine Sugar Fasting, Blood Sugar - Post<br>Prandial, Urine Sugar PP, Hba1c                                             | Diabetes            |
| Thyriod           | TSH, T3, T4                                                                                                                          | Thyriod             |
| Lipid             | Triglycerides, Cholesterol Total, HDL, LDL, VLDL, LDL/HDL<br>Ratio, Cholesterol Total / HDL Ratio                                    | Lipid               |
| Kidney            | Uric Acid, BUN, Creatinine, BUN/Creatinine Ratio, Total Protein                                                                      | Kidney              |
| Liver             | Billrubin Total & Direct and Indirect, Alkaline Phosphatase, ,<br>Albumin, Globulin, A.G Ratio, Serum Protein, GGT, AST/ALT<br>Ratio | Liver               |
| Heart             | ECG, (2D or TMT)                                                                                                                     | Heart               |
| Lung              | X Ray Chest                                                                                                                          | Lung                |
| General<br>Organ  | Ultrasound                                                                                                                           | General<br>Organ    |
| Cancer            | PSA Male                                                                                                                             | Women<br>Health     |
| Consultation      | General, Eye, Dental                                                                                                                 | Consultation        |
| Lab               | Yes                                                                                                                                  | Lab                 |
| Result            | 48 Hours                                                                                                                             | Result              |
| Center Price      | 2100                                                                                                                                 | Center Price        |
| Mediwheel revised |                                                                                                                                      | Mediwheel revised   |
| price(2)          | 2500                                                                                                                                 | price(2)            |
| Number of Tests   | alth Centre                                                                                                                          | - I Manual of 16272 |

# MediWheel Full Body Health Checkup Female Above 40

| Female Above 40   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                   | Test Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
|                   | - I Comprehensive Check UI all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
|                   | Pathology for complete understanding of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Description       | l trade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Description       | CBC with ESR, Urine analysis, Stool Analysis, Blood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| General Health    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                   | Blood Sugar & Urine Sugar Fasting, Blood Sugar -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Diabetes          | Post Prandial, Urine Sugar PP, Hba1c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Thyriod           | TSH, T3, T4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
|                   | Triglycerides, Cholesterol Total, HDL, LDL, VLDL,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| المائمة ا         | LDL/HDL Rado, Cholesterol Total / HDL Kado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| Lipid             | Uric Acid, BUN, Creatinine, BUN/Creatinine Ratio,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Kidney            | Total Protein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|                   | Bilirubin Total & Direct and Indirect, Alkaline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                   | Phosphatase, , Albumin, Globulin, A:G Ratio, Serum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| Liver             | Protein, GGT, AST/ALT Ratio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Heart             | ECG, (2D or TMT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Lung              | X Ray Chest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| General           | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Organ             | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Women             | Mamography                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| Health            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Consultation      | General, Eye, Dental, Gynac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Lab               | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Result            | 48 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Center Price      | 2300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Mediwheel revised |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| price(2)          | 2700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|                   | Anneal Contract Contr |  |  |  |  |  |

2100

r. Tanvi Dalai

## 12 GOVERNING LAW:

The law governing this Agreement and all matters related thereto shall be the laws of India only.

- 13.1All disputes, differences, claims, and / or any other matters related to the provisions of this Agreement, shall be referred to arbitration under the provisions of the Arbitration and Conciliation Act, 1996. 13.2Each party shall have the right to appoint one Arbitratoreach.
- 11.3The arbitration shall be in English and only at New Delhi.
- 11.4This Agreement shall be subject to the jurisdiction of the Courts in New Delhi only.

## 14 DECLARATION:

Service Provider hereby declares that

| 1 | 4.1Information given to MEDINATE                                                                                                                                                                                                                                                                                                                                                                                                |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I | <ul> <li>4.1 Information given to MEDIWHEEL is true and authentic to the best of its knowledge and belief.</li> <li>4.2 In the event that the furnished information is either false or turns out to be false, "MEDIWHEEL" is en titled to disempanel the Service Provider from the MEDIWHEEL Network list of Service Provider.</li> <li>4.3 MEDIWHEEL has a sixty of the MEDIWHEEL Network list of Service Provider.</li> </ul> |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1 | empanel the Service Provider from the MEDIWHEEL Network list of Service Providers.  4.3MEDIWHEEL has a right second prepared that this ground in the service Providers.                                                                                                                                                                                                                                                         |
|   | which is false or turns out to be false at an addition and i.e., act of furnishing information by Service Provider                                                                                                                                                                                                                                                                                                              |
|   | 4.3MEDIWHEEL has a right trecomprehend that this ground i.e., act of furnishing information by Service Provider which is false or turns out to be false as in addition to other grounds envisaged elsewhere in this agreement.                                                                                                                                                                                                  |

| For "MEDIWHEEL"                               | New Delhi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · · |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Authorized Signatory_<br>Arcofemi Health Ltd. | The state of the s |     |

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE AFFIXED THEIR RESPECTIVE STAMPS AND SIGNATURES ON THE DATE MENTIONED ABOVE.

| For "Se          | rvice Provider"                         |       |
|------------------|-----------------------------------------|-------|
| Author<br>Name:_ | ized Signatory                          |       |
| SEAL:            | Ayush flealth Centre<br>Dr. Tanvi Dalal | DATE: |

Important Instructions:

- Please ensure that each and every page & each side of this document have the Service Provider Seal and Authorized Signatory's signature.
- MOU to be submitted along with other information requested



| Male                           |
|--------------------------------|
| Heamogram                      |
| Lipid Profile                  |
|                                |
| Kidney Profile                 |
| Blood and Urine Sugar Fasting  |
| Blood and Urine Sugar PP       |
| Stool Routine                  |
| VDRL                           |
| CSA                            |
| ECG                            |
| PFT                            |
| USG Normal                     |
| TMT ECHO                       |
| X Ray Chest                    |
| Eye Check-up                   |
| Physician Consultation         |
| Rectal examination             |
| Surgical examination           |
| Price -1600/-                  |
| Mediwheel Revised Price - 1900 |

Ayush Health Centre Or Janvi Dalal New Delni

| Female                          |
|---------------------------------|
| Heamogram                       |
| Lipid Profile                   |
| LFT                             |
| Kidney Profile                  |
| Blood and Urine Sugar Fasting   |
| Blood and Urine Sugar PP        |
| Stool Routine                   |
| VDRL                            |
| CSA                             |
| ECG                             |
| PFT                             |
| USG Normal                      |
| TMT ECHO                        |
| X Ray Chest                     |
| Eye Check-up                    |
| Physician Consultation          |
| Pap Smear,                      |
| Routine urine analysis          |
| Gynaec Consultation with Breast |
| Price = 1700/-                  |
| Mediwheel Revised Price - 2000  |

Ayush Health Centre Dr. Tanvi Dalal



# MediWheel Full Body Health Checkup

|                | Male Below 40                                                                                                                |
|----------------|------------------------------------------------------------------------------------------------------------------------------|
|                | Test Name                                                                                                                    |
|                | For the most Comprehensive Check of all                                                                                      |
|                | Pathology for complete understanding of you                                                                                  |
| Description    | body.                                                                                                                        |
| General Health | CBC with ESR, Urine analysis, Stool Analysis, Blood<br>Group                                                                 |
| Diabetes       | Blood Sugar & Urine Sugar Fasting, Blood Sugar - Post<br>Prandial, Urine Sugar PP, Hba1c                                     |
| Thyriod        | TSH, T3, T4                                                                                                                  |
| Lipid          | Trigiycerides, Cholesterol Total, HDL, LDL, VLDL, LDL/HDL Ratio                                                              |
| Kidney         | Uric Acid, BUN, Creatinine, BUN/Creatinine Ratio, Total Protein                                                              |
| Liver          | Bilirubin Total & Direct and Indirect, Alkaline Phosphatase, Albumin, Globulin, A:G Ratio, Serum Protein, GGT, AST/ALT Ratio |
| Heart          | ECG, (2D or TMT)                                                                                                             |
| Lung           | X Ray Chest                                                                                                                  |
| General        | Ultrasound                                                                                                                   |
| Organ          |                                                                                                                              |
|                |                                                                                                                              |
|                |                                                                                                                              |
|                |                                                                                                                              |
|                |                                                                                                                              |
| Consultation   | General, Eye, Dental  Ayush Health Cer                                                                                       |
| Lab            | yes Dr. Tanu Da a                                                                                                            |
| Result         | 48 Hours                                                                                                                     |
| Contar Prico   | 1900                                                                                                                         |

| nsultation | General, Eye, Dental | //                 |
|------------|----------------------|--------------------|
|            | •                    | Ayush Health Centr |

| - 1 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ٠.                                      |               |                                        |                      |                                         |                                         |                |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|----------------------------------------|----------------------|-----------------------------------------|-----------------------------------------|----------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | at an angle   |                                        |                      |                                         |                                         |                |
| - 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trin General Section Control            | SEATSON SHOOM | X2000000000000000000000000000000000000 | 100028808            | 36131 <b>974</b> 053577866              | ######################################  | 200            |
| - 1 | Center Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |               | - 7 C                                  | inn                  |                                         |                                         |                |
|     | Center Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |               |                                        |                      | A                                       |                                         | \$ W. S. W. S. |
| - 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | manymakan                               |               | - C. F. C. V.                          | SSSS Name of Assault | dell'erant persona benin de             | Stillen access militare                 | et dinton      |
|     | Mediwheel revised                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |               |                                        |                      |                                         |                                         |                |
| 1   | Mediwheel revised                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |               |                                        |                      |                                         |                                         |                |
| 1   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |               |                                        | ****                 |                                         |                                         |                |
| - 1 | . (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |               | 71                                     | nn                   |                                         |                                         |                |
| - 1 | price(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |               |                                        | UU                   |                                         |                                         | <b>2</b>       |
| - 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |               |                                        | 10000000             |                                         | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |
| •   | Control of the Contro | 4                                       | ~ · · · /~) ~ | 1 <i>(</i> )                           | 1.0                  | 4 To 1 To | • • •                                   |                |
|     | Number of Tests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D 4                                     |               | 100                                    |                      |                                         |                                         |                |
| - 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |               |                                        |                      |                                         |                                         | أخسسه          |

## MediWheel Full Body Health Checkup Female Relow 40

|                          | Female Below 40                                                                       |
|--------------------------|---------------------------------------------------------------------------------------|
|                          | Tèst Name                                                                             |
|                          | For the most Comprehensive Check of all                                               |
|                          | Pathology for complete understanding of you                                           |
| Description              | body.  CBC with ESR, Urine analysis, Stool Analysis, Blood                            |
| General Health           |                                                                                       |
| Diabetes                 | Blood Sugar & Urine Sugar Fasting, Blood Sugar - Post Prandial, Urine Sugar PP, Hba1c |
| Thyriod                  | TSH, T3, T4                                                                           |
| Titytiou                 | Triglycerides, Cholesterol Total, HDL, LDL, VLDL,                                     |
| Lipid                    | LDL/HDL Ratio, Cholesterol Total / HDL Ratio                                          |
|                          | Uric Acid, BUN, Creatinine, BUN/Creatinine Ratio, Total                               |
| Kidney                   | Protein     Billrubin Total & Direct and Indirect, Alkaline                           |
| Liver                    | Phosphatase, , Albumin, Globulin, A:G Ratio, Serum                                    |
| Heart                    | Protein, GGT, AST/ALT Ratio  ECG, (2D or TMT)                                         |
| Lung                     | X Ray Chest                                                                           |
| General                  |                                                                                       |
| Organ                    | Ultrasound                                                                            |
| O.Ba.ii                  |                                                                                       |
| Cancer                   | Pap Smear                                                                             |
| Cancer                   |                                                                                       |
|                          |                                                                                       |
| Consultation             | General, Eye, Dental, Gynac                                                           |
|                          |                                                                                       |
| ab                       | Yes                                                                                   |
| Result                   | 48 Hours                                                                              |
|                          |                                                                                       |
| enter Price              | 2100                                                                                  |
| lediwheel revised        | 2400                                                                                  |
| rice(2)  Number of Tests | 2400                                                                                  |
| MAILING! OF LESTS        | N 100 (                                                                               |



