

Health Checkup Service Provider Application Form

Name of Medical Centre PEOPLE TREE HOSPITALS [A UNIT OF TMI HEALTHCARE PVT LTD]

Proprietor (s) / Director (s) Name DR. JOTHI NEERAJA Mobile Number FOR 9113283592

Marketing person Name DEEPAK R. Mobile Number 9113283592

Address: Plot No. /Shop No. #2, TUMKUR ROAD Street NEAR GORAGUNTEPALYA METRO

Locality GORAGUNTEPALYA Landmark _____ Town / City: BANGALORE

District BANGALORE State KARNATAKA Pin Code 560022

STD Code 080 Tel (landline) 4959 9999 Fax No _____

E-mail deepak.r@peopletreehospitals.com Website www.peopletreehospitals.com

Registration number BLV02027AHP Registering Authority KPME

Health checkup Coordinator Name MS. SHRUTHI Email ID operations.asstmanager@peopletreehospitals.com Mobile 8971527326

Health checkup Report Coordinator Name Same Email ID _____ Mobile _____

Accounts Coordinator Name MR. PAVAN Email ID collections@peopletreehospitals.com Mobile 6361034887

HOME SAMPLE COLLECTION FACILITY: YES / NO YES

PAYMENT DETAILS:

Payment Mode (tick mark): ECS CHEQUE

Payment Information

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

S.No	Particulars	Details	S. No.	Particulars	Details
1	Cheque in Favour of	TMI HEALTHCARE PVT LTD		A/C No	8146125304
2	Account Type	CURRENT	6	MICR No	560485072
3	Bank name	KOTAK MAHINDRA BANK		IFS-Code:	KKBK0008066
4	Branch	M.G. ROAD	8	PAN No. (Mandatory)	AADCT8883L

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

AUTHORIZED SIGNATORY (NAME AND DESIGNATION)

Deepak R.

SEAL

