

To be filled in and Sent back to Jainam Health Services Pvt. Ltd.

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Centre: _____
- Address : _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____
- Established since: _____ Built-up area: _____
- Landmark if any : _____ Way to approach: _____
- Accreditation: ISO: ____ since: ____ from: _____
Other: _____

TIMINGS-

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Timings							

COMMUNICATION MODES-

- STD code: _____ Tel no: _____ Alt. Tel no: _____
- FAX: _____ Mobile: _____
- Email : _____ Website : _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Bathroom	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> Toilet
<input type="checkbox"/> Changing rooms	<input type="checkbox"/> Personal trainer
<input type="checkbox"/> Personal health record	<input type="checkbox"/> Individual therapy rooms
Periodic assessment done: y / n	Available mode of payment: Cash / Card / Cheque

ADVANCED FACILITIES-

Equipment	Availability	Make/ Brand of equipment
16 station multi gym	<input type="checkbox"/>	
Squat stand	<input type="checkbox"/>	
Leg curl extension	<input type="checkbox"/>	
Leg pull down	<input type="checkbox"/>	
Vibrating plate	<input type="checkbox"/>	

Twister	<input type="checkbox"/>	
Upright bike	<input type="checkbox"/>	
Seated rowing machine	<input type="checkbox"/>	
Adjustable cross over machine	<input type="checkbox"/>	
Calf machine	<input type="checkbox"/>	
Incline press	<input type="checkbox"/>	
Shoulder press	<input type="checkbox"/>	
Dual cable cross trainer	<input type="checkbox"/>	
Rowing ergometer	<input type="checkbox"/>	
Abdominal board	<input type="checkbox"/>	

SERVICES-

1st consultation charges: _____ **Disc. charges:** _____
Free consultation given if any: _____ **Flat disc. given on treatment if any:** _____

Service	Cost	Discounted cost
Weight loss – 5kg		
Weight loss – 10kg		
Weight loss – 15kg		
Weight loss – 20kg		
Muscle building		
Cardio training		
Flexibility training		
Strengthening		
Endurance training		
Fitness training		
Weight gain program		
Height gain program		
Steam		
Nutrition and diet counseling		
Stress relieving exercises		

Other treatments if any: _____

ATTACHED CONSULTANTS/ SPECIALITIES-

Doctor Name	Specialty	Contact No.	Consultation days and Timings	Availability of following modes of consultation			Email
				Tele	Web	Email	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER CHAINS/CENTRES IF AVAILABLE:

Name of the centre	Address	City	Contact person	Contact No.	Email

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,

- Reception
- Cardio area
- Gym area
- Steam area
- Changing room
- Attach brochure of centre if available

Authorized signatory

Stamp