



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

**PROVIDER INFORMATION SHEET**

**BASIC INFORMATION-**

- Name of the Nursing agency: \_\_\_\_\_
- Address of the office : \_\_\_\_\_
- Area: \_\_\_\_\_ City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_
- Nearest railway station: \_\_\_\_\_ Established since: \_\_\_\_\_
- 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: \_\_\_\_\_  
Alternative Tel no: \_\_\_\_\_
- Emergency helpline no: 1. \_\_\_\_\_  
2. \_\_\_\_\_
- FAX: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email : \_\_\_\_\_
- Website : \_\_\_\_\_ Contact person: \_\_\_\_\_
- Phone No: \_\_\_\_\_

**GENERAL FACILITIES-**

<input type="checkbox"/> Advanced booking	<input type="checkbox"/> Attachment to hospitals
<input type="checkbox"/> Emergency service	Available mode of payment: Cash / Card / Cheque
Boundary of service provision: _____	Names of attached hospitals : _____ _____

**SERVICES-**

**Flat discount given on services if any: \_\_\_\_\_**

Types/ category of nursing services	Availability	Charges/day
Ward boy- Day time	<input type="checkbox"/>	
Night time	<input type="checkbox"/>	
Day and night	<input type="checkbox"/>	
Female nurse- Day time	<input type="checkbox"/>	
Night time	<input type="checkbox"/>	
Day and night	<input type="checkbox"/>	

Ayabai- Day time	<input type="checkbox"/>	
Night time	<input type="checkbox"/>	
Day and night	<input type="checkbox"/>	
Pediatric nurse	<input type="checkbox"/>	
Adult Nurse	<input type="checkbox"/>	
Critical care nurse	<input type="checkbox"/>	
Rehabilitative care nurse	<input type="checkbox"/>	
Dementia care	<input type="checkbox"/>	
Veterans care	<input type="checkbox"/>	

**OTHER CHAINS/CENTRES IF AVAILABLE:**

Name of the centre	Address	City	Contact No.	Email

**Along with information mentioned above, kindly a brochure of a centre if available**

**Authorized Signatory**

**Stamp**