



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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

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

TIMINGS-

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Timings							

COMMUNICATION MODES-

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

GENERAL FACILITIES-

- Free home delivery: Available / Not-available
- Availability of medicines day and night: Y / N
- Delivery boundary: _____

- Specialty of medicines:
 - Allopathic
 - Ayurvedic
 - Homeopathic
 - Nutritional Suppliments
 - Cosmetics



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

- Dispensary
- Dispense station
- Area outside centre / store

Authorized Signatory

Stamp