



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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Centre / Instructor: _____
- 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: _____ Alternative Tel no: _____
- FAX: _____ Mobile: _____
- Email : _____ Website : _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Waiting area	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> Toilet
<input type="checkbox"/> E- reporting	<input type="checkbox"/> PHR / EMR
<input type="checkbox"/> Personal trainer	<input type="checkbox"/> Individual therapy rooms
<input type="checkbox"/> Training at home	
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

SERVICES-

Additional percentage of charges applied on home classes: _____

Flat discount given on treatment if any: _____

Services	Method, description and duration of classes	Cost	Discounted cost
Health yoga			
Yoga for weight management			
Yoga for blood pressure			
Yoga for healthy back			
Yoga for insomnia			
Yoga for joint pain			
Yoga for healthy eyes			
Pregnancy yoga			
Dynamic meditation			
Yoga for kids			
Corporate yoga			
Power yoga			
Yoga for body relaxation			
Pranayam			
Yoga poses			
Group yoga			
Weekend classes			
Home tuitions			
Dry needling			
Accupressure			
Accupuncture			
Color therapy			
Stone therapy			
Reiki			
Pyramid therapy			
Yoga for flexibility			
Training at home			

Any other services if available: _____

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,

- Waiting room**
- Reception**
- Area outside centre**
- Therapy rooms**
- Group therapy hall**
- Attach brochure of the centre if available**

Authorized signatory

Stamp