

## Application Form - Associates

**Application for**
 **Collection Center**
 **Frenchie lab**
**1. Details of Applicant**

1	Name of the proposed Center	
2	Name of the Owner	
3	Complete Address with Pin Code	
4	Specify Status of Organization (Prop/Partner/Trust/Company)	<i>(attach the registration certificate)</i>
5	Registered with Clinical Establishment Act (CEA)	Yes / No <i>(If yes, attach the registration certificate)</i>
6	Phone No.	
7	Email	

**2. Details of Contact Personnel**

1	Name of the Contact Personnel	
2	Designation	
3	Qualification*	
4	Phone No.	
5	Email	
<i>*The contact person shall have basic qualification related to lab work such as DMLT, BMLT, Graduate/Post graduate in life science etc.</i>		

**3. Bank Account Details:**

1	Name of the Bank with address			
2	Bank Account Holder Name			
3	Account No.		IFS Code	
4	Type of Account – Saving/Current			
5	PAN <i>(attach the self-attested copy)</i>			

**4. Center Details**

1	The premises is owned/Rented	
2	Is the center engaged in any other business (specify)	
3	Total available area	..... sq. ft.
4	Specify floor (GF, F.F, S.F...)	
5	Availability of Toilet facility	Yes / No
<b>Enclosed photos – Inside, Outside, Approaching roads, Toilets, Staircase/lift facility etc.</b>		

**Declaration:** I certify that the information stated above is true and correct and I understand that, if at any given time the information is found false the **Acu-MDx Laboratory and Research Center Pvt Ltd.** will be free to take strict disciplinary action including termination/legal proceedings.

**Date:** .....

**Signature:** .....

**Place:** .....

**Name:**.....