

Family Diagnostic Network Application Form

1. Name of the Diagnostic Centre :
2. Address :
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3. City :
4. State : Zip Code:
5. Contact Number :
6. Email Id :
7. Branches (If Any) :
8. Web site (If any) :
9. Type of facility (Lab/Imaging/both) :
10. Years of Operation :
11. Accreditation or Certifications : (If yes specify)
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12. Registration Number :
13. Registration Valid Up to date :
14. Registering Authority :
15. Number of Pathologist/Radiologist :



16. Working Days :
17. Working hours :
18. PAN Number :
19. Number of Lab technicians :
20. Number of Phlebotomists :
- 21. Tariff attached (Mandatory) : YES**
22. Home sample collection : YES / NO
23. Digital report delivery : YES / NO
- If yes via portal or email :
24. Require a web portal : YES / NO
25. Contact Person with Number :
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Declaration

I hereby wish to inform you that the information provided towards empanelment is true to the best of my knowledge. We understand the details and are interested in empaneling with Family diagnostic Network.

For Diagnostic Centre, Name of the Signing Authority with Designation :

Signature with Date :

