



Commitment for Healthcare  
(An ISO 9001:2008 Certified Co.)



1. Name of Party : \_\_\_\_\_
2. Office Address : \_\_\_\_\_  
\_\_\_\_\_
3. Residence Address : \_\_\_\_\_  
\_\_\_\_\_
4. Contact Person(s) : \_\_\_\_\_
5. Phone No. : \_\_\_\_\_
6. Drug Licence No. : \_\_\_\_\_
7. S.T. Tin No. : \_\_\_\_\_
8. G.S.T. Tin No. : \_\_\_\_\_
9. PAN No. : \_\_\_\_\_
10. Preferred Transport : \_\_\_\_\_
11. Banker's Name & Address : \_\_\_\_\_  
\_\_\_\_\_
12. Territory Coverage : \_\_\_\_\_
13. Present Turnover : \_\_\_\_\_
14. Proposed Turnover : \_\_\_\_\_
15. Security Deposit : \_\_\_\_\_
16. Email ID : \_\_\_\_\_

**Terms & Condition:**

After finalization from your side for this company, So please send

1. One advance "C" Form
2. Security Deposit Draft
3. Road permit if applicable

Date : \_\_\_\_\_

Place : \_\_\_\_\_

**Cubit healthcare**