

Annual Health Checkup at Office

This is only office visit for employee registration.

Basic Information for Annual Health Form

1. Will you be participating in Annual Health Check up? *

☒ Yes

☐ No

2. Your Employee Code

46586

3. Your Contact Number *

7063863372

4. Your Age *

23

5. Which location would you like to AHC from? *

- ☐ Pune – PT (1st, 2nd & 3rd March' 2023)
- ☒ Pune- Hinjewadi (1st, 2nd & 3rd March'23)
- ☐ Nagpur (1st,2nd & 3rd March'23)
- ☐ Goa (1st & 2nd March'23)
- ☐ Hyderabad (1st, 2nd & 3rd March'23)
- ☐ Bangalore- Bellandur (1st & 2nd March'23) and Whitefield (1st March)
- ☐ Indore (1st & 2nd March'23)
- ☐ Mumbai (1st & 2nd March'23)
- ☐ Gurugram Office (3rd March'23)
- ☐ Ahmedabad Office (3rd March'23)

Time slot - Pune Hinjawadi

6. Pune - Hinjawadi *

- ☐ 1st March
- ☒ 2nd March
- ☐ 3rd March

7. Age

- ☐ Above 35 (12 hours fasting is required)
- ☒ Below 35 (no fasting is required)

8. Time slot for below 35 years

- ☐ 10 am to 12 noon
- ☐ 12 noon to 2.00 pm
- ☒ 2.00 pm to 4.00 pm

DECLARATION BY THE PARTICIPANT

9. **DISCLAIMER**

Persistent Systems Limited ("Persistent") is helping interested Persistent (India) regular employees ("Employee", collectively referred herein as "Employees") and their respective dependents ("Dependents") if any, under its annual medical check up Activity ("Activity") in collaboration with **Novocura Tech Health Services Private Limited** ("Healthcare Partner") to participate in annual health check ups.

Employees hereby acknowledge and agree that participation in Activity is purely voluntary. Only interested Employees and their Dependents if any, shall participate in such Activity. Employees and/or their Dependents opting to participate in Activity, may be required to provide their health parameters, Persistent email address, contact number, documentation and such other relevant information/data including their personal information and/or details, to Healthcare Partner through Healthcare Partner's mobile application, as may be necessary for the purpose of this Activity and agree to be solely responsible for the disclosure of all such information and/or documentation.

Persistent is merely facilitating this Activity. Thus, Persistent and/or any of its organizing committee(s) or its employees, shall not be held responsible (directly or indirectly), for any accident, illness or physical injury, and/or any loss, theft or damages of any kind, including reputational damage whether to person or property, suffered by such Employee and/or Dependents during the course of or after Activity. Persistent shall not be liable for (a) the findings of any report(s) provided under Activity, (b) advice, and/or any such service and/or deliverables provided under Activity and/or (c) details available on Healthcare Partner mobile application or such third party website(s), if any, or (d) any act(s) or omission(s) of Employee and/or his/her Dependents, Healthcare Partner and/or its personnel, partners including breach of confidentiality obligations and data privacy laws.

Persistent shall not be liable for any modification and/or cancellation of Activity if the circumstances so demand or in case of occurrence of any other unforeseen circumstances, without liability of any kind on Persistent.

I agree that I shall have the responsibility to update my Dependents about this Declaration and the contents thereof and the same shall be binding on the Dependents

☒ I Agree

*

Family Member Registration

10. **Number of Family members accompanying you for Annual health check up. The package is made available to the family members at a discounted rate. Kindly make the payment before proceeding for the test ***

☒ None

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

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