

Address (Site, Street, Area)

City/Location*	<input type="text" value="Enter City Name"/>	Pincode*	<input type="text"/>
District*	<input type="text"/>	Taluk*	<input type="text"/>
Landmark	<input type="text"/>		
State	<input type="text"/>	Country	<input type="text"/>
Telephone*	<input type="text"/>	Mobile	<input type="text"/>
Fax*	<input type="text"/>	Email*	<input type="text"/>
Alternate Contact No.	<input type="text"/>	Alternate Email Id	<input type="text"/>
Alternate Communication Address	<input type="text"/>		
Web Address	<input type="text"/>		
MD/CEO Name*	<input type="text"/>	Mobile*	<input type="text"/>
MD/CEO Email*	<input type="text"/>	Fax	<input type="text"/>

Medical Care Establishment Registration Details*

Registration Number*	Registration Date (dd/MM/yyyy)*	Expiry Date (dd/MM/yyyy)*	Registration Doc (PDF/DOC/JPG)*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen
Declaration form (PDF/DOC/JPG)*	Hospital Photo (PDF/DOC/JPG)*	Health Facility Registry (HFR)*	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>	

TAX & PAN Card Details

PAN Type	PAN*	TAN	Service Tax Reg. No.
<input type="text" value="Permanent"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on PAN Card*	PAN Card Address*	Father/Promoter Name	Date of Incorporation/ Date of Birth (dd/MM/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scanned File (PDF/JPG/DOC)*	Tax Exempt - TDS%	Exempt : From Date - To Date [DD/MM/YYYY]	Tax Exempt Reason
<input type="button" value="Choose File"/> No file chosen	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/> - <input type="text"/>	<input type="text"/>
Service Tax Reg. Validity From-To [DD/MM/YYYY]	Tax Exempt Certificate (PDF/JPG/DOC)	TAN Certificate (PDF/JPG/DOC)	Service Tax Certificate (PDF/JPG/DOC)
<input type="text"/> - <input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen

Provider Bank A/C Details

Bank*	Bank Branch*	Branch Code	IFSC Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>