

BeLife Diagnostic Centre Partner Registration Form

Join India's Connected Corporate Diagnostics Network

Please complete in BLOCK LETTERS, sign, stamp and upload at be-life.in/become-a-partner/upload

Section 1 - Centre Details

Centre Name: _____

Legal Entity Name: _____

Year Established: _____

Centre Type (Diagnostic Centre / Lab / Hospital / Other):

Full Address: _____

City: _____

State: _____

PIN Code: _____

Google Maps Link: _____

Website: _____

NABL Accreditation (Yes / No): _____

Other Certifications: _____

Section 2 - Contact Details

Primary Contact Name: _____

Designation: _____

Mobile: _____

WhatsApp Number: _____

Email: _____

Alternate Contact / Mobile: _____

Section 3 - Facilities Available

☐ Pathology / Blood Tests

☐ X-Ray

☐ Ultrasound

☐ ECG

☐ TMT / Stress Test

☐ PFT / Spirometry

☐ Audiometry

☐ Eye / Vision Testing

☐ CT Scan / MRI

Other Facilities: _____

Section 4 - Corporate Capability

☐ We currently conduct corporate health checkups

Maximum employees per day: _____

Maximum employees in a single batch: _____

☐ Early morning checkups available

☐ Dedicated corporate flow / separate waiting area

☐ Parking available

☐ Wheelchair accessible

Section 5 - Operating Timings

Operating Days & Hours: _____

Preferred Corporate Timing: _____

Section 6 - Report Turnaround Time (TAT)

Routine Pathology: _____

Special Tests: _____

X-Ray / Ultrasound / ECG / PFT: _____

☐ Digital reports available

Section 7 - Commercial Details

☐ Rate card attached

Preferential Corporate Rates: _____

Preferred Commercial Model: _____

Payment Terms (e.g. 30 Days): _____

Section 8 - Partnership

Why do you want to partner with BeLife?: _____

Geographical Coverage: _____

Section 9 - Timeline

Onboarding Timeline: _____

Preferred Commercial Discussion Date: _____

Preferred Centre Assessment Date: _____

Section 10 - Supporting Documents (attach copies)

☐ Rate card

☐ NABL / other certificates

☐ GST certificate

☐ PAN card

☐ Cancelled cheque

[] Centre photographs

Section 11 - Declaration

I confirm that the information provided is true and correct, and I am authorised to submit this application on behalf of the centre.

Authorised Person Name: _____

Designation: _____

Date: _____

Signature & Company Stamp: _____

For queries: +91 98100 64652 | belifeasia@gmail.com