DivinaTionS™
Scan Your Health, Build Your Wealth
Reference Pathology Laboratory

DSP (Divinations Service Provider) APPLICATION FORM

Personal Details

* Applicant Name Mr. ☐ Ms. ☐ Dr. ☐ FIRST MIDDLE
SURNAME *Date of Birth: DD MM YYYY

*Marital Status: ☐ Single ☐ Married *Gender : M / F

*Email ID: CAPITAL LETTERS ONLY

PAN No. CAPITAL LETTERS

Complete Mailing Address :

House No.: Building Level /Floor

Premise Name: Street No.:

Street Name : Landmark:

Locality:

*City: *State:

*Country: Zip Code:

*Mobile: Country code – Number , Number

Academic Information

Educational Qualification

Experience (No of Years) Computer Knowledge

Other Information

Status ☐ Unemployed ☐ Employed ☐ Business

Type of Business

Area Space Size (in sqft.)

Do you have a computer with internet connection : ☐ Yes ☐ No.

Do you have attached toilet to your Lab/Center : ☐ Yes ☐ No.

I certify that the information stated above is true the best of my knowledge. I am agreeable to abide by the Divinations Lifecare Pvt. Ltd. rules, procedures and systems governing the DSP operations and also agreeable for entering into a formal agreement, if selected.

Place : Signature :

Date : Name : _____

Paste your Passport size photograph

For Office Use Only

Comments :

Recommendation :

Approval :

Signature : DSP Code :

Deposit Amount :

Divinations Lifecare Pvt.Ltd.

Chandannagar (Lab Unit) :
Sr.No.46/1, Samruddhi Market, First Floor, 105,106,107, Sangharsh Chowk, Chandannagar, Pune-411014.

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