

Help us know you better

Name Of the Company

Address

Contact Person

Designation

Contact Phone No.

Email:

No of Employees by
Category

Seniors Mid-level Juniors /Support /Admin

Wellness Programs Available

Employee Welfare Budget/cost per employee

Affiliated wellness programs (non-statutory)

Common Health concerns?

Eg: postural /obesity /hypertension/
diabetes/ occupational hazards

Cost to Co on Medical
Reimbursements p.a

Rs

or

%

Would the Company be interested in

(√ all that apply)

Health Checkup(clinical/dental/specialized)

Yoga /Meditation program

Ayurvedic Rejuvenation / Detoxification

Stress Management Workshops

Family Welfare Programme

Lifestyle related programs / consultation

Health Cards (Employees+Family)

Others (Pls specify)

Date:

Place:

Signature:

Private & Confidential
Not for circulation without authorization