

ENROLMENT FORM

Enrolment is voluntary. No charges are applicable for the form.

Please read the instructions carefully. Use capital letters only.

Kindly attach all photographs here. Do not stick it. Please write the name on backside of each photograph.

1	FOIIII	No.:			2	Agent Code:			
3	Mem	ber Basic De	tails						
					Name D	etails			
		Initials	Las	st I	First	Middle		Relation(to Introd	ucer
i	DOB		Mobile N	lo.		Email			
ii						1			
11	DOB		Mobile N	lo.		Email		1	
iii						1			
	DOB		Mobile N	lo.		Email			
iv									
	DOB		Mobile N	lo.		Email		1	
v									
	DOB		Mobile N	lo.		Email			
vi									
	DOB		Mobile N	lo.		Email			
4	Prima	ary Address:	C/o() D/o() S/o() W/o() H/o()					
	Hous	e No./Bldg/A	pt.			Street/Road/Lane	į		
	Landmark					Area/Locality/Sec	tor		
	Village/Town/City					Contact no.(R)			
	V mus					contact no.(n)			
	Distri			State		contact no.(n)	Pin Code	2	
6	Distri	ct	any one person) : Pa		ar Card ()				
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NOTE: Customer is kindly requested to call within **24 hours** on our helpline +**91 8080 244 144** to confirm their enrolment and fix the appointment for Doctor Home Visit. Appointment can be fixed within timeframe of 3-10 days after the date of enrolment..Please ensure that you have received our **Member User Guide** at the time of enrolment.