

# 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.

<b>1</b>	<b>Form No.:</b>	<b>2</b>	<b>Agent Code:</b>			
<b>3</b>	<b>Member Basic Details</b>					
	<b>Name Details</b>					
		Initials	Last	First	Middle	Relation( to Introducer)
i	DOB		Mobile No.		Email	
ii	DOB		Mobile No.		Email	
iii	DOB		Mobile No.		Email	
iv	DOB		Mobile No.		Email	
v	DOB		Mobile No.		Email	
vi	DOB		Mobile No.		Email	
<b>4</b>	<b>Primary Address: C/o ( ) D/o ( ) S/o ( ) W/o ( ) H/o ( )</b>					
	House No./Bldg/Apt.			Street/Road/Lane		
	Landmark			Area/Locality/Sector		
	Village/Town/City			Contact no.(R)		
	District		State	Pin Code		
<b>6</b>	<b>Proof of Identity(any one person) : Pan Card ( ), Aadhaar Card ( ), Driving License ( ), Passport ( )</b>					
	No.					

**Date and time of Enrolment**..... **Payment collected by** .....

**Signature/Thumbprint of Agent** ..... **Amount collected Rs.**.....

In words.....

**Mode of Payment:** Cash ( ) Cheque ( ) DD ( )

If Cheque, Cheque no.....,if DD, DD no.....

**Consent**

I hereby confirm that information (including photograph) provided about me & my family members to the Jainam Health Services Ltd. and the information contained herein is true, correct and accurate. Also I and my family members have no objection to Jainam Health Services Ltd. for sharing the information provided by me with the health r providers wherein i/we get the services.

**Applicant's(Introducer) Signature/Thumbprint**

.....X.....X.....X.....X.....Please tear here.....X.....X.....X.....X.....

<b>Form No.:</b>	<b>Agent Code:</b>
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**Received from** ..... **Date and time of Enrolment**.....

**Payment collected by** ..... **Signature/Thumbprint of Agent**

**Amount collected Rs.**.....

**Mode of Payment:** Cash ( ) Cheque ( ) DD ( )

If Cheque, Cheque no.....,if DD, DD no.....

**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.