

Opp. Bus Stand, Vasundhara Nagar, Bhiwadi - 301019, Distt. Alwar (Raj.) Mobile: 7300474747 Ph.: 01493-395000, Fax: 01493-395001 Email: info@starhospital.co.in

## STAR HEALTH CARD

## **MEMBERSHIP FORM / POLICY**

7 7	ation No.									Date:			•••••
l. Nam	ne of Applicant	:											
2. Fath	er / Husband's Name	:											
3. Profe	ession		Business If Yes, No	ime of 0	Corporate		Service ciety :			Н	ousewif	e	
4. Add	ress	:	House No	э.			Block			-			
			Society C	City/Villa	ge								
			Tehsil					Dis	strict				
- 14-1-	No. No.												
, Mod	ile No.	:				_ _						,	
s. Ema	il ID	:	Annual and annual and annual and annual and annual and annual ann										
7. Deta	ils of All Members												
S.No.	Name of Member	With the second	Gender	Age	PA	AN No	).		Aadho	ır No.		Relatio	on
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2													
3													
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6						en Son Selan							
3. Intro	duced by	:											
. Mob	oile No.	:						Ref	. Code				
	ing Medi-claim Policy	: [						Va	lue				
S.No.	Policy No.		me of Memb	per	Gender	I	Age	Date	of Issue	Do	ate of Renewal	Relo	oitr
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2													
3													
4													

## **STAR** HOSPITAL

S.No.	Policy No.		Name of Me	ember	Gende	r Ag	ge	Date of Issue	Date of Expity/Renewal	Relation							
							20)		Expliy/Reflewal								
12. Requ	uired Docum	nents	: Сору	of PAN (E	ach)		Сору	of Aadhar (	Card (Each)								
			Chequ	e No			D	ate									
			Amoun	nt	**********	Ваг	nker's 1	Name		• • • • • • • • • • • • • • • • • • • •							
13. Payn	nent Detail		In favor	ur of "STA	R HOSPI	TAL A/U	of Om	Medicentre	Pvt. Ltd."								
	Bank detail for online /     RTGS / NEFT payment:			of Bank	Baro	da Rajas	han K	shetriya Gra	min Bank								
oo , poymom			Branch		Bhiw	adi, Distt.	- Alw	ar (Rajastha	n) - 301019								
			Accour	nt Numbei	r <b>4499</b>	0400000	71										
			IFSC Co	ode	BARB	OBRGBX	<	MICR No.	301647050								
15. Paym	5. Payment Reference :			UTR/Any other Reference No													
				^					Bank Name Date								
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