



STAR HEALTH CARD

MEMBERSHIP FORM / POLICY

Application No.

Date :

1. Name of Applicant :

2. Father / Husband's Name :

3. Profession : Business ☐ Service ☐ Housewife ☐
If Yes, Name of Corporate / Society :

4. Address : House No. Block

Society City/Village

Tehsil District

5. Mobile No. :

6. Email ID :

7. Details of All Members

S.No.	Name of Member	Gender	Age	PAN No.	Aadhar No.	Relation
1						
2						
3						
4						
5						
6						

8. Introduced by :

9. Mobile No. : Ref. Code

10. Existing Medi-claim Policy : Value ₹

S.No.	Policy No.	Name of Member	Gender	Age	Date of Issue	Date of Expiry/Renewal	Relation
1							
2							
3							
4							
5							

11. Another Medi-claim Policy (if any) : Value ₹

S.No.	Policy No.	Name of Member	Gender	Age	Date of Issue	Date of Expiry/Renewal	Relation

12. Required Documents : Copy of PAN (Each) ☐ Copy of Aadhar Card (Each) ☐

13. Payment Detail

Cheque No. Date
Amount Banker's Name
In favour of **"STAR HOSPITAL A/U of Om Medicentre Pvt. Ltd."**

14. Bank detail for online / RTGS / NEFT payment:

Name of Bank **Baroda Rajasthan Kshetriya Gramin Bank**
Branch **Bhiwadi, Distt. - Alwar (Rajasthan) - 301019**
Account Number **44990400000071**
IFSC Code **BARBOBRGBXX** MICR No. **301647050**

15. Payment Reference :

UTR/Any other Reference No.
Bank Name Amount Date

It is clear that, Rs. 3000/- + GST is for maximum four members. In case extra member required in this membership Rs. 1000/- per member will be charged extra (incl. GST). I have read all the terms & conditions of the membership, agreed & accepted by me.

Name & Signature of Applicant

FOR OFFICE USE

Hospital Receipt No. Date

Amount (Rs.) No. of Members Enrolled

Date of Issue Date of Expiry

Membership No. Type of Card GEN. ☐ VIP ☐ VVIP ☐

Name of TM TM Code

Name of TL TL Code

Remarks (If Any)

Issued By

Verified By

Approved by