

MEDICAL ACCEPTANCE CARD

Full Name KOLLI NIKHIL Father or Husband's Name Kolli Srinivasa Rao Factory Name APTONLINE LIMITED, A JOINT VENTURE OF TCS & GOVT.OF A.P. Present Residential address D.no:1-52,Sabbavaram mdl,,Aripaka,Dist:Vishakapatnam,Andhra Pradesh,531035,,	
Ins. No./ Ref. No.	6209969250

EMPLOYEES' STATE INSURANCE CORPORATION		
I apply to be included in the list of Dr..... I declare that I am not already in the list of a doctor in this or any other area.		
Date	Signature or thumb impression of Insured Person	
To be completed by Doctor:	Doctor's Code No.	
I accept this person for inclusion in my list		
Date:	Signature of the Doctor.	