

MEDICAL ACCEPTANCE CARD

| | |
|---|------------|
| Full Name KURALARASI MANIVANAN Father or Husband's Name M.Manivannan Factory Name GISLEN SOFTWARE PVT LTD Present Residential address No 1, 50, Thiruneermalai Rd, Nagarathinam NagaR, Dist: Chennai, Tamilnadu,, | |
| Ins. No./ Ref. No. | 5137313525 |

| | | |
|---|---|--|
| 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. | |