



The New India Assurance Co. Ltd.



Beneficiary name: **Rajendra Guntant Markad**  
Member ID: **5088106063**  
Employee code: **2145629**  
Relation: **Self**  
Date of birth: **23-Apr-1997**  
Primary insured: **Rajendra Guntant Markad**  
Valid upto: **31-Oct-2024**  
Policy holder: **Cognizant Technology Solutions-Non SEZ**  
Insurer ID: **MEMBER77051**



**MA5088106063**

**Contact number: 1800 258 5895**

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to [www.mediassist.in](http://www.mediassist.in)

**Medi Assist Insurance TPA Pvt. Ltd.**

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,  
K.M.Layout, Bengaluru, Karnataka 560029.CIN:

U85199KA1999PTC025676

Website: [www.mediassist.in](http://www.mediassist.in) Email: [cts@mediassist.in](mailto:cts@mediassist.in)

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The New India Assurance Co. Ltd.



Beneficiary name: **Guntant Sahebrav Markad**  
Member ID: **5119406897**  
Employee code: **2145629**  
Relation: **Father**  
Date of birth: **01-Jun-1976**  
Primary insured: **Rajendra Guntant Markad**  
Valid upto: **31-Oct-2024**  
Policy holder: **Cognizant Technology Solutions-Non SEZ**  
Insurer ID: **MEMBER77052**



**MA5119406897**

**Contact number: 1800 258 5895**

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Beneficiary name: **Nanda Guntant Markad**  
Member ID: **5119406898**  
Employee code: **2145629**  
Relation: **Mother**  
Date of birth: **01-Jun-1979**  
Primary insured: **Rajendra Guntant Markad**  
Valid upto: **31-Oct-2024**  
Policy holder: **Cognizant Technology Solutions-Non SEZ**  
Insurer ID: **MEMBER77053**



**MA5119406898**

**Contact number: 1800 258 5895**

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