

**MEDICAL ACCEPTANCE CARD**

<b>Full Name</b> ALLEN JOSE .....	
<b>Father or Husband's Name</b> JOSEKUTTY .....	
<b>Factory Name</b> Maxwell Geosystems India Pvt Ltd .....	
<b>Present Residential address</b> Ananthakattu,,Thotumuzhi,Pullurampara,Thiruvambadi,Dist:Kozhikode,Kerala,673603,,  	
<b>Ins. No./ Ref. No.</b>	4709257448

<b>EMPLOYEES' STATE INSURANCE CORPORATION</b>		
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.