

**PATIENT ONBOARDING FORM**

SR.NO.	DETAILS	PARTICULARS
1.	BORROWER NAME	Harelik Langalia
2.	PATIENT NAME	Ankita Langalia
3.	PATIENT DOB	13-07-1999
4.	POLICY HOLDER'S DOB	27/07/1989
5.	HOSPITAL NAME WITH ADDRESS	NAVYA HOSPITAL Central square, chandkheda
6.	RELATION BETWEEN PT & POLICY HOLDER	wife & HUS.
7.	MOBILE NO OF POLICY HOLDER	9974611618
8.	E MAIL OF THE POLICYHOLDER	
9.	AADHAR CARD NO. PAN CARD NO. BORROWER	<del>85676005234</del> 85676005234 AEXPL6164P
10.	RESIDENTIAL ADDRESS AS PER AADHAR CARD	Shubhlaxmi Nagar, Gujarat Housing Board. Janta Nagar chandkheda
11.	PRESENT ADDRESS	SAME AS ABOVE
12.	OCCUPATION OF POLICY HOLDER	JOB
13.	MONTHLY INCOME	25-30 K