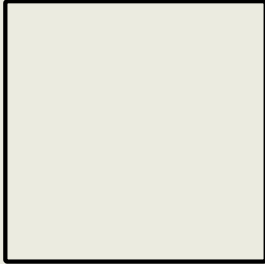


INDIAN MEDICAL ASSOCIATION

HEALTH CARD



FULL NAME :

FATHER's NAME :

DATE OF BIRTH

BLOOD GROUP