

MEDICAL ACCEPTANCE CARD

Full Name HAREOM VISHWAKARMA Father or Husband's Name GOURISHANKAR Factory Name Parkhya Solution Pvt Ltd Present Residential address KUSHWAHA SHREE NAGAR, INDORE, Dist: Indore, Madhya Pradesh,,	
Ins. No./ Ref. No.	1817235671

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.