

**MEDICAL ACCEPTANCE CARD**

<b>Full Name</b> GALI HARISH .....	
<b>Father or Husband's Name</b> gali satyanarayana .....	
<b>Factory Name</b> MAKROCARE CLINICAL RESEARCH LIMITED .....	
<b>Present Residential address</b> gokul theater back street,near axis bank atm,erragada,Dist:Hyderabad,Telangana,500018,,	
<b>Ins. No./</b> <b>Ref. No.</b>	5216712826

<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.