



**The New India Assurance Co. Ltd.**

Beneficiary name: **Janarthanan M**  
Member ID: **5051349277**  
Employee code: **395511**  
Relation: **Self**  
Date of birth: **11-Oct-1988**  
Primary insured: **Janarthanan M**  
Valid upto: **31-Oct-2021**  
Policy holder: **Cognizant**  
Insurer ID: **MEMBER129035**



**MA5051349277**

**Contact number: 08067617574 1800 258 5895(Backup)**

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to [www.medibuddy.in](http://www.medibuddy.in)

**MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.**

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,  
K.M.Layout, Bengaluru, Karnataka 560029.CIN:

U85199KA1999PTC025676

Website: [www.medibuddy.in](http://www.medibuddy.in) Email: [cts@mediassistindia.com](mailto:cts@mediassistindia.com)

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Murugesan**  
Member ID: **5052085319**  
Employee code: **395511**  
Relation: **Father**  
Date of birth: **24-May-1957**  
Primary insured: **Janarthanan M**  
Valid upto: **31-Oct-2021**  
Policy holder: **Cognizant Technology Solutions**  
Insurer ID: **MEMBER129037**



**MA5052085319**

**Contact number: 08067617574 1800 258 5895(Backup)**

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Niveditha**  
Member ID: **5052085320**  
Employee code: **395511**  
Relation: **Spouse**  
Date of birth: **31-Aug-1989**  
Primary insured: **Janarthanan M**  
Valid upto: **31-Oct-2021**  
Policy holder: **Cognizant Technology Solutions**  
Insurer ID: **MEMBER129036**



**MA5052085320**

**Contact number: 08067617574 1800 258 5895(Backup)**

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Mala**  
Member ID: **5052085321**  
Employee code: **395511**  
Relation: **Mother**  
Date of birth: **12-Dec-1960**  
Primary insured: **Janarthanan M**  
Valid upto: **31-Oct-2021**  
Policy holder: **Cognizant Technology Solutions**  
Insurer ID: **MEMBER129038**



**MA5052085321**

**Contact number: 08067617574 1800 258 5895(Backup)**

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