

MEDICAL ACCEPTANCE CARD

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| Full Name MULAGAPAKA UMA MAHESWARA RAO | |
| Father or Husband's Name M Kondala Rao | |
| Factory Name CLOUDIUM SOFTWARE PRIVATE LIMITED | |
| Present Residential address 50-50-23/8 gurudwara, Near NRI hospital, B.S layout, visakhapatnam, Dist: Vishakhapatnam, Andhra Pradesh | |
| Ins. No./ Ref. No. | 4708110415 |

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| 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. |