

Group Care-360

ENROLMENT FORM

PROPOSER / GROUP MANAGER NAME:		AROHAN FINANCIAL SERVICES LIMITED	
MANAGER ADDRESS:		PTI Building, 4th Floor, West Wing, DP Block, DP-9, Sector-V, Salt Lake City, Kolkata – 700091; West Bengal	
Loanee /Primary Insured Member's Name:		mr PANKAJ PODDAR	
Company Division or Branch Name:		aaaaaaaaaaaaaaaaaaaa	
Loanee member /Primary Insured's Code/Unique No/ Customer Id.:		755557575657575	Enrolment Sales Date: 29/08/2023
Loanee Address as per records		NALBHAG PURKAIT PARA South Twenty Four Parganas , Budge Budge - II, South Twenty Four Parganas , P. S.:BISHNUPUR , P. O.:tesr , Landmark:test	
City:	Aripara	Pin Code:	743377
State:	WEST BENGAL	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Date of Birth as per records:	01/04/1993	PAN Card No (Optional)-	- HGDGD3244G
Age Criteria--- (18-65 Years)			
Occupation:	Salaried <input checked="" type="checkbox"/> Business <input type="checkbox"/> House wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Others (specify):		
Marital Status:	Married <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Divorce <input type="checkbox"/>	Phone/Mobile No ::8100360258	
Co-borrower/Nominee Name:	Mr. ASIT KUMAR BHOWMICK	Relationship:	Spouse
Period of Insurance (1 year)		29/08/2023 To 29/08/2024	