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MEDICAL ACCEPTANCE CARD

Full Name A VENU GOPALA RAO

Father or Husband's Name A JANAKI RAMAYYA

Factory Name The ABC Company Pvt Ltd

Present Residential address

D.NO.12-1-16,Sri Nagar ,GAJUWAKA VISAKHAPATNAM-26,Dist:Vishakapatnam, Andhra Pradesh

Ins. No./

Ref. No.

7009XX1234

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 Of Insured Person
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 Doctor
Signature of the Doctor.



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