EMCH/SH&INS/FOR/01

EMS MEMORIAL CO-OPERATIVE HOSPITAL & RESEARCH CENTRE LTD., No. M. 549

NABH Accredited and ISO 9001-2015 Certified Multi Super Speciality Hospital
PANAMBI, PERINTHALMANNA, MALAPPURAM DIST. PIN - 679 322.
Ph : (04933) 276 000, 353 000
www.emshospital.org.in E-mail : info@emshospital.org.in

APPLICATION FOR SHARE

1. Name									
2. Permanent Address									
							Pin		
3. Panchayat		4.Taluk		5. Dist.					
6. Name of Father/Mother/Husband									
7. Age		8. Date of Birth		9. Whether SC/ST		10. Sex M/F			
11. Occupation									
12. Address for communication									
				13. Mob					
14. E-mail ID									
15. Aadhaar No. of Share Holder									
16. Name of Nominee									
a. Relation with the Share Holder				b. Age of Nominee					
c. Witness	Signature : Name : Address :								
17. No. of Shares required		Entrance Fee Rs. 50/- for Malappuram District only							
18. Amount Remitted									
19. Mode of Remittance	Bank		Branch						
Date		Signature of Bank Manager							

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief. I agree to abide by the said rules and regulations and those may be prescribed by the society from time to time in this regard.

Place :

Date : Signature

FOR OFFICE USE

1. Membership No.		2. Date of Admission		3. DBR No. & Date	
General Manager		Chairman			

(അപേക്ഷയോടൊപ്പം അപേക്ഷകന്റെ രണ്ട് കോപ്പി ഫോട്ടോയും ആധാർകാർഡിന്റെ കോപ്പിയും സമർപ്പിക്കേണ്ടതാണ്.)

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MEDICAL TREATMENT APPLICATION FORM

Name of Share Holder :

Age Sex

Name of Nominee:

Age Sex

Address: Telephone No.

Name of Panchayath / Municipality:

Details of Person covering in the Scheme

Sl. No.	Name	Age	Sex	Aadhaar No.	Relation	Pre Existing Disease, if any
1.						
2.						
3.						
4.						

I declare that this information furnished above is true and correct to my knowledge and belief. I also declare that we are good in health and are devoid of any disease.

Place :

Date :

Signature

(P.T.O)

FOR NRI'S ONLY (പ്രവാസികൾക്ക് മാത്രം)

Pass port No.	
Expiry Date of Visa	
Abroad Address	

Please
Affix Pass port Size
Photo here

		Country	
Occupation			
Telephone No.:		Mobile:	
E-mail ID :			
Name & Address of contact Person in case of hospitalization			
Name			
Address			
Telephone No.		Mobile	
E-mail ID			
Details of Sponsor			

Signature

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ADDITIONAL SHARE APPLICATION

Member No.		Share Class	A Class	F Class
		Existing Share Amount	₹	
Name of Share Holder				
Age		Date of Birth		Gender	
Permanent Address				
		Pin		
Panchayat		Taluk		Dist.	
Name of Father/Mother/Husband				
Mobile Number				
ID Proof		ID No.		
Name of Nominee		Age		
Relation with share holder				
Witness	Signature : Name : Address :			
E-mail ID				
No. of Addl. Shares Required		Amount Remitted	₹	Total Amount	₹

DEPENDENTS

S. No.	Name	Age/Sex	Aadhar No.	Relation	Pre Existing Disease, if any
1					
2					
3					
4					

Place :

Date : Signature

FOR OFFICE USE

1. Membership No.		2. Date of Premium paid		3. DBR No. & Date	
General Manager		Chairman			

(അപേക്ഷയോടൊപ്പം അപേക്ഷകന്റെ രണ്ട് കോപ്പി ഫോട്ടോയും ആധാർകാർഡിന്റെ കോപ്പിയും സമർപ്പിക്കേണ്ടതാണ്.)