

MEMBERSHIP FORM SENIOR CITIZEN CARE

KNOWING THE MEMBERS : MEMBER INFORMATION

Photo	Photo
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Name of 1st Member (Mr./Mrs.) :

Address :

Mobile / Phone : E-mail :

Name of 2nd Member (Mr./Mrs.) :

Contact #1 Relative or Responsible Friend / Neighbour / Sponsor /
Next of KIN

Name :

Address :

E-mail : Mobile / Phone :

Contact #2 Relative or Responsible Friend / Neighbour / Sponsor /
Next of KIN

Name :

Address :

E-mail : Mobile / Phone :

Doctors to be Contacted :

Hospitals Recommended :

ELDER CARE SERVICE ACCEPTED :

Package	Annual Membership Fees	Monthly Charges	
1) ALINGAN	₹ 7500/-	₹ 7500/-	<input type="text"/>
2) SANGEE	₹ 4500/-	₹ 3500/-	<input type="text"/>
3) BANDHAN	₹ 1500/-	₹ 1800/-	<input type="text"/>
4) PREETI	₹ 1500/-	₹ 1100/-	<input type="text"/>

● Punjab National Bank, Sarat Bose Road Branch, Kolkata, IFSC : PUNB0143500, A/C. No : 1435002100007450

● HDFC Bank, Sarat Bose Road Branch, Kolkata, IFSC : HDFC0001404, A/C. No : 50200056458196, SWIFT CODE : HDFCINBBCAL

DECLARATION :

We / I, giving consent to Assistance to take care of Elderly Members as mentioned / filled up in this form in respect of their welfare during normal health condition as well as facilitate medical treatment in general / during emergency (for hospitalisation as directed by a competent physician / your suggestion / consent as applicable). The cost of all Medical Treatment at Home/Hospital and Any other Expenses other than the Complementary Services as mentioned in your Leaflet will be borne by us. We will maintain/provide adequate Fund for any kind of Treatment at Home/Hospital. We understand that ASSISTANCE is no way responsible for outcome of Clinical Treatment / Procedure provided to Elderly Members as directed by physicians at Hospital or Home.

I / we agree to accept the service as per terms and conditions of Assistance to be enclosed seperately.

DATE :

Signature (Sponsor / Member)

Membership starting from

Payment Details

Enclose :

- Aadhar Card
- Voter ID Card
- Pan Card
- Passport
- Driving License

Signature (Assistance Official)

Remarks / Additional Information (If any)

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