



ALVA'S HEALTH CARD

APPLICATION FORM

Application No.:

Health Card No.:

Validity : 1 Yr/ 5 Yr

Card Validity:

Type of Card : Individual/Family

Name:

Father/Mother/Husband:

Date of Birth:

Sex: Male/Female

Address:

Photo

Age :

Religion :

Phone:

Email :

Marital Status:

Occupation:

Family Members and Relationships:

Name	Age	Sex	Relationship

Terms and Conditions:

1. This card is valid for 1 Year or 5 year depends upon type of card.
2. For Individual Health Card Details should be needed.
2. For Family Health Card family details should be needed.
3. After one year health Card should be renewed with charge.
4. All Benefits of health card is applicable on ward bed category.

DECLARATION

I.....s/o.....hereby declare that I have accepted and abide to all the terms & conditions, rules & regulations governing the card.

DATE :

PLACE:

Signature of Applicant/Head of the Family