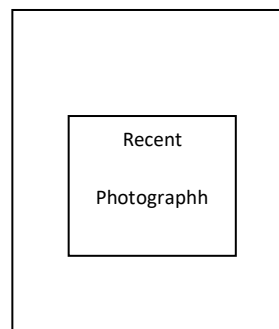


Application form for SSS Service Provider



Are you a member of HBSSS? Yes/No Membership NO _____

FULL NAME : _____

Age: _____ Birth date: DD/MM/YYYY

Marital Status:

ADDRESS: _____

_____.

City/Town _____ Pincode _____.

Phone: (Mobile) _____ (Clinic) _____ (Resi) _____

Email: _____

WhatsApp number _____.

Gujarat Homoeopathic Council Registration no. G - _____ date of registration:

Homoeopathic qualification: _____ Year of passing: _____

Are you an insurance agent with any company? Yes / NO

If yes, which company? _____

Since _____ Agency No. _____

Are you a Member of HMAI? Yes/No Primary/Life Unit _____

Are you a member of any other association? _____.

Bank details:

Bank name: _____ Branch _____.

A/c no: _____ Savings / Current

IFSC code: _____ (attach cancelled cheque)

Nomination:

Name of Nominee: _____ Mobile: _____

DOB: DD/MM/YYYY _____ Age: _____ Relation with nominee: _____

Address:

_____ Pin code: _____

Email of nominee _____

Name of Guardian (if nominee is minor): _____

Relation of guardian with nominee: _____ Mobile of guardian

Address of Guardian :

_____ Pincode _____

Undertaking:

I _____ have gone through all the terms and condition of SSP and I will abide by it. I know I will not accept any CASH payment from any members. I will sincerely work for the development and propagation for this benevolent scheme.

Place:

Date:

Sign:

Documents to be attached (self attested)

1. Photo, 2. PAN, 3. Aadhar card copy, 3. HBSSS E-Icard copy
4. Cancelled cheque 5. If an Insurance agent, copy of I- card