

REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM-11

CANCER CARE FOR LIFE(3RD SERIES)

Application Form for Membership

Applied for : **Plan A / Plan B**

Application No:.....

	<u>Membership Amount</u>
Name of first Applicant :.....	Rs.....
Name of Second Applicant :.....	Rs.....
Name of Third Applicant :.....	Rs.....
Name of Fourth Applicant :.....	Rs.....
Name of Fifth Applicant :.....	Rs.....

Mode of Payment : Cash/Cheque/DD : No..... Total Rs.....

Name & Place of Bank :.....

Address for Communication :.....

Pin:..... Phone :..... E mail:.....

Age Date of Birth Sex

First Applicant :

Second Applicant:

Third Applicant:

Forth Applicant :

Fifth Applicant :

Father's Name of the First Applicant :.....

Mother's Name of the First Applicant:.....

I/We agree to abide by the rules and conditions laid in the prospectus for the 'Cancer Care for life' scheme offered by the Regional Cancer Centre, Thiruvananthapuram. I/We also agree to accept any decision of the Centre as final regarding my/our membership, facilities and such other things related to my/our treatment. I/We declare that the details given herein are true to the best of my/our knowledge and belief. I/We declare that, whose name(s) are included have not diagnosed/taken cancer related treatment earlier.

Signature/thumb impression of Applicants:

First : Second : Third:

Fourth: Fifth:

Date:

One time payment, life long coverage
