SUDHINDRA CHARITABLE TRUST

D.No.12-3-310/3, Shri Ram, Central Accounts Office of
Shree Kashi Math Samsthan, Opposite Shree Venkataramana Temple, Car Street,
Mangaluru, Dakshina Kannada - 575 001

Mob. No. : 8660343570

SUDHINDRA AROGYA SUVIDHA CARD (APL)
Checklist for issuance of Health Card

Date of Visit **(dd/mm/yyyy)**		
Full Name in **CAPITALS** as in Aadhar Card		
Paste Photo Here	**Address:**	
Contact Number:	**WhatsApp Number:**	**WhatsApp Number:**
Gender & Age	**Male / Female**	**Age in Years:**
Aadhar Number **(Copy to be attached)**		
Bank Account front page **(Copy to be attached)**	**Bank:** **Branch:**	**Account No:**
Occupation / Current Position (Earning Parent)		
Income per Annum (in ₹.)		
Ration Card (APL) copy	**Ration Card No.:**	
Details of Property: (Own House / Rented Ancestral / Shops)		
Vehicles Owned: (2-Wheeler / 3-Wheeler 4-Wheeler / Others)		
Specific Health Issues (Other than serious illness)		
Other Observations (if any)		

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Note: Tick whether the family is beneficiary of any of the following schemes

- ◙ **Other Health Cards**
- ◙ **Insurance Schemes (if any)**
- ◙ **ESI**
- ◙ **Specify (Other cards if any):** _____

Details of family members and relationship:

Sl. No.	Name (in Capitals)	Gender	Age	Relationship	Earning Members (Yes/No)

Documents required with this application and attachments as below:

(I) Photo to be affixed in address section of Page 1
(II) Aadhar card copy of all members
(III) Copy of Ration Card

PLACE:

DATE: **SIGNATURE**

I/We confirm that the particulars given above are true and correct and we have not suppressed any information. In case of any false, mis-representation of materiality in your statement, your application shall stand void and null and any schemes or services shall not be honored. This application shall also get rejected, in case of joining from other groups / clusters / locations. I and others including my dependent family members/minors agree to follow the responsibilities and obligations as mentioned herein. I/We, have read and understood the terms and conditions mentioned in this application, and agree to be bound by them on behalf of my family and myself and accordingly, I have signed this application.

SIGNATURE

Special Instructions to Applicants:

- Full name and address of all members should be clearly mentioned in the application.
- Completed application should be delivered to the concerned official.
- In case of mis-use of card privileges, the validity of the card gets cancelled and appropriate legal action will be taken.
- Failure to provide photo ID while availing the facility may lead to rejection of the scheme benefit.

I have clearly understood the above instructions.

Signature **Date** **Place**

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ACKNOWLEDGEMENT

Received from Mr/Mrs. _____ a sum of ₹._____

vide Receipt Number _____ dated _____ as Membership fee towards

Sudhindra Arogya Suvidha Card comprising of _____ members.

_____	_____	_____
DATE	**SEAL**	**SIGNATURE**

For Office Use Only