



# Century Hospital

Mulakuzha P.O., Chengannur, Kerala.  
Tel: 0479-2469469; Fax: 0479-2468709;  
E-mail: ctshl@satyam.net.in

## NRK Dependents

### Healthcare Scheme

#### Application form

Kindly enroll me as a member of NRK Dependents Healthcare Scheme of Century Hospital. I have read the provisions of the scheme, and these are acceptable to me. I am nominating the following persons to the scheme.

Name: .....  
Address: .....  
City: ..... State: ..... PIN .....  
Country: .....  
Phone: ..... Fax: .....  
E-Mail: ..... Mobile .....

#### Particulars of the Nominees

Sl. No.	Name	Age	Sex	Address	Relationship
1.					
2.					
3.					
4.					
5.					
6.					

I am enclosing an account payee cheque/demand draft No. .... dated ..... for Rs. 50,000 / Rs. 1,00,000 drawn on ..... Bank.  
(Please make the cheque or DD favouring Century Hospital, Mulakuzha, and payable at Chengannur).  
(Nomination once made cannot be transferred)

Place:

Signature of the applicant:

Date: / /  
dd mm yyyy

Name of the applicant: