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ESIC-MED-7B

MEDICAL ACCEPTANCE CARD

Full Name	Krishna Mohan
Father or Husband's Name	Parameswar rao
Factory Name	XYZ Pvt Ltd
Present Residential address	Current Postal Address for Communication
Ins. No./ Ref. No.	456XXX789

EMPLOYEES' STATE INSURANCE CORPORATION	
I apply to be included in the list of Doctor's Name	
I declare that I am not already in the list of a doctor in this or any other area.	
Date.....	Signature of Insured Employee Signature or thumb impression of Insured Person
To be completed by Doctor: This part will be filled by Doctor	Doctor's Code No.
I accept this person for inclusion in my list	
Date:	Signature of the Doctor.

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