

**MEDICAL ACCEPTANCE CARD**

<b>Full Name</b> ..... KATTA LAXMANA CHARY .....	
<b>Father or Husband's Name</b> ..... SATYANARAYANA .....	
<b>Factory Name</b> ..... ALEMBIC PHARMACEUTICALS LTD .....	
<b>Present Residential address</b> H. NO. 13-155/2,, PLOT NO:52. KISTAREDDY, VOLONY UPPAL,, Hyderabad, Andhra Pradesh, 500	
<b>Ins. No./ Ref. No.</b>	3120250608

<b>EMPLOYEES' STATE INSURANCE CORPORATION</b>			
I apply to be included in the list of Dr..... I declare that I am not already in the list of a doctor in this or any other area.			
Date.....	Signature or thumb impression of Insured Person		
To be completed by Doctor:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">           Doctor's Code No.         </td> <td style="width: 50%;"></td> </tr> </table>	Doctor's Code No.	
Doctor's Code No.			
I accept this person for inclusion in my list			
Date:	Signature of the Doctor.		