

॥ वंदे श्री ऋषभं वीरं ॥



APPLICATION FORM FOR ANNUAL PRIVILEGE CARD MEMBERSHIP
ASHWINIKUMAR MEDICAL RELIEF SOCIETY

JITO
GOREGAON



मानव सेवा... प्रभु सेवा...

JITO GOREGAON DIAGNOSTIC CENTRE

KANDIVALI - EAST : Premal Jyot, Ashok Chakravarty X Road No.3, Behind ESIS Staff Quarters, Kandivali East, Mumbai-400101. • Mob. : 96644 63518 • Email : amrs.kemc@gmail.com • Dental Clinic No. : 85918 97415

KANDIVALI - WEST : Shop No. 7-8/A, Lalji Complex, Lalji Pada, Link Road, Kandivali (W), Mumbai-400 067. • Mob. : 84549 17175 • Email : jitodiagnosticaljipada@gmail.com

Old Membership No. :

New Membership No. :

Sr. No. :

Name of Applicant :

Contact No. :

E-mail :

Resi. Address :

No.	Family Details			M/F	Relation ship	Date of Birth	Blood Group	Medi claim Y/N	Married Unmarried	Education	Mobile No.	Occupation	
	Name	Father/Husband Name	Surname										

Referred By : _____ Contact No. : _____ Approved By : _____

Note : Registration Fees of Rs.50/- for Priviledge Card (1 Year Validity)
Card Benefit : 10% Discount on Minimum Billing of Rs.200/-

Applicant Sign : _____ Date : _____