

**MEDICAL ACCEPTANCE CARD**

<b>Full Name</b> SONALI HALDER .....	
<b>Father or Husband's Name</b> SUSHANTA HALDER .....	
<b>Factory Name</b> Deep Enterprise .....	
<b>Present Residential address</b>  23/23, NAGARJUN ROAD,B-ZONE,DURGAPUR-05,Dist:West Bardhaman,West Bengal,713205,,	
<b>Ins. No./ Ref. No.</b>	7430763708

<p><b>EMPLOYEES' STATE INSURANCE CORPORATION</b></p> <p>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.</p> <p style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Date.....</span> <span><b>Signature or thumb impression of Insured Person</b></span> </p>			
<b>To be completed by Doctor:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Doctor's Code No.</b> </td> <td style="width: 50%;"></td> </tr> </table>	<b>Doctor's Code No.</b>	
<b>Doctor's Code No.</b>			
<p>I accept this person for inclusion in my list</p> <p style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Date:</span> <span><b>Signature of the Doctor.</b></span> </p>			