



DIVISIONAL OFFICE NO1 , 3rd Floor , Child Welfare Complex Buildings , L.M.S Compound ,Thiruvananthapuram – 695033 .

PROPOSAL FORM FOR KSPC AROGYA SURAKSHA FOR PARENTS

To be filled by the members (in Capital Letters)

1	Name of the Member (Full name with initials)			
2	AGE & Date of Birth			
3	Sex (Male / Female)			
5	Pharmacist Name and PRC no			
6	Pharmacist Health Card no			
7	E - mail ID			
8	Residence Address			
		Pin Code :		
9	Residence Contact Tel . No	STD Code	Tel .#	
10	Mobile Nos.			
Details Of Additional Members - Spouse				
Sl No	NAME (Please give full name with initials)	AGE	DATE OF BIRTH	RELATIONSHIP (Husband/Wife /Son/ daughter)
1				

I/We hereby declare that the information given above are true and correct to my/our knowledge.

Signature:-