

MEMBERSHIP FORM SENIOR CITIZEN CARE

KNOWING THE MEMBERS : MEMBER INFORMATION

PHOTO

PHOTO

Name of 1st Member (Mr./Mrs.):

Address:

D.O.B:

Mobile/ Phone : E-mail:

Name of 2nd Member (Mr./Mrs.):

Mobile/ Phone : D.O.B:

■ **Contact #1 Relative or Responsible Friend / Neighbour / Sponsor / Next of KIN**

Name :

Address :

Mobile/ Phone : E-mail:

■ **Contact #2 Relative or Responsible Friend / Neighbour / Sponsor / Next of KIN**

Name :

Address :

Mobile/ Phone : E-mail:

Doctors to be Contacted:

Hospitals Recommended:

ELDER CARE SERVICE ACCEPTED :

Package	Registration Fee	Monthly Charges	
1) ALINGAN	₹ 7500/-	₹ 7500/-	<input type="text"/>
2) SANGEE	₹ 4500/-	₹ 4000/-	<input type="text"/>
3) BANDHAN	₹ 1500/-	₹ 1800/-	<input type="text"/>
4) PREETI	₹ 1500/-	₹ 1100/-	<input type="text"/>
*18% GST WILL BE ADDED			

Bandhan Bank, Business Name: THE ASSISTANCE, Gariahat Branch, Kolkata, Branch Code: 001346, IFSC Code: BDBL0001346, A/c No: 20100027359546, SWIFT Code: BNDNINCC

DECLARATION :

I/We give our fullest consent voluntarily to The Assistance to take normal care of my/our Elderly Member/s as detailed in this Form for his/her/their wellbeing during usual health condition as well as to facilitate medical assistance through a physician of my/our choice when required by way of providing medical treatment during general or emergency situation, if required for assisting in hospitalization as directed by my/our physician or as per my/our suggestion. The entire cost of such medical treatment at home by the physician of my/our choice and/or on hospitalization of our choice till discharge of the Elderly Member/s shall be fully borne by us other than the complimentary services that are provided by The Assistance as mentioned in this leaflet.

I/We fully understand, say and admit it clearly herein that The Assistance shall NO WAY BE HELD RESPONSIBLE for the medical treatments provided and/or for the outcomes from such treatments and/or for any medical negligence and/or for any other reasons while treating and/or attending any such general or emergency medical conditions and treatments undertaken upon the Elderly Member/s either at home or in my/our preferred hospital/nursing home/institute as directed by me/us or by any physician of my/our choice at home or in any hospital/nursing home/institute of my/our choice.

I/We willingly agree to accept ALL the terms and conditions of The Assistance as mentioned hereinabove as also annexed in separate sheet/s after fully understanding all its meaning and purport and thereafter put my/our signature/s herein below as an indication of my/our voluntary acceptance.

DATE:

Membership starting from:

Payment Details:

Enclose:

- Aadhar Card
- Voter ID Card
- Pan Card
- Passport
- Driving License

Remarks / Additional Information (If any)

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Signature (Sponsor / Member)

Signature (The Assistance Official)