# SUKHODAYA HOSPITAL & AYURVEDIC PARK

## ESTB. 1947

Kanjirappally - 686 507, Kottayam, Kerala, India
Ph: 04828-202715, 9847422211, 9744962715
Website : www.sukhodayaayurveda.com
Email : info@sukhodayaayuryeda.com

2 passport size colour photos, one to be affixed here

## APPLICATION FOR "SUKHODAYA TRAYA GOLD

1. Name of the applicant :
2. Father's Name :
3. Age & Date of birth :
4. Permanent Address :

   Phone No. :
   Fax No. :
   Mobile No. :
   E-mail Address :
5. Present Address :

   Phone No. :
   Fax No. :
   Mobile No. :
   E-mail Address :
6. Officai Address :

   Phone No. :
   Fax No. :
   Mobile No. :
   E-mail Address :
7. Place of birth :

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8. Citizenship :

9. Residential Status :

10. Details of Family Members :

| Sl.No. | Name | Age | Relationship |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

11. Name, Address & :
    Relationship of the :
    Nominee with Ph. No :

12. Details of scheme opted :

13. Signature of Applicant : _____

14. Signature of Nominee : _____

## DECLARATION

I hereby declare and state that I have clearly read and understood the terms and conditions of the " Sukhodaya Traya Gold" package from the brochure attached herewith and the details furnished here in the application are true and correct to the best of my knowledge and belief.

Place :

Date :

Signature

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Payment Details:

Ref.No.

Amount Remitted_____Rs._____1by Ch./ DD./ Cash

Name of the Bank etc. in case of Ch./ DD _____

No. of Shares : _____ Share No. _____

Signature of the Director

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