IDA HOPE

Help Offered to Professionals in Emergencies – Indian Dental Association, Kerala State

Req. Under IDA KSB Charitable Society, Req. No. TVM/TC/651/2013 Website: www.hope.idakerala.com

HOPE MEDI APPLICATION FORM 2018-19

(a)	Name of Member Dr.		EXISTING	NEW
(b)	Hope Number	(c) IDA No.		
(d)	KDC Reg. No	(e) Name of IDA Branch		
(f)	Clinic Address	(g) Residential Address		
(h)	Phone No - Clinic: Mobile No:	Phone - Resi:		
(i)	Email ID			
(j)	Have you renewed your **IDA** membership for year 2018-19			
(k)	Have you renewed your **HOPE** membership for year 2018-19			
(l)	Premium remittance details / bank			

For Office Use Only

(a)	Hope Medi Number	(b) Date
(c)	Payment details	
(d)	Signature- Secretary IDA Hope	(e) Seal

UNITED INDIA INSURANCE CO. LTD.
Branch Office Kalamassery
P.M.S. Building, Floor No:2
Eloor Road, Kalamassery
Cochin - 683104
Ph. No: 0484-2559488/2558548

HOPE MEDI APPLICATION FORM 2018-19

Details of persons to be covered ***(Please Fill in Capital)***

Sl. No	Name of Insured Person	Date of Birth	Age	Sex	Relationship with Proposer
1	Dr.				Primary Member
2					
3					
4					
5					
6					
7					
8					

Sum Insured: Rs ……/- Premium: Rs ……/-

Photographs of the insured persons to be affixed

MEMBER	SPOUSE	CHILD- 1	CHILD- 2
……	……	……..	……..
CHILD- 3	**CHILD- 4**	**FATHER**	**MOTHER**
……	……..	……	……

The above details are true to the best my knowledge and belief

Date: *Name:*

Place: *Signature of the Member:*