



Anyuta Wholly Charitable Trust Membership Form - FAMILY

Members Data	Date:		Time:				EBH 0000
Relationship	First Name	Middle Name	Last Name	DOB	Age	Gender M/F	Blood Group
Proposer							
Spouse							
1st Child below 18 yrs.							
2 nd Child below 18 yrs.							
Father or Father in Law							
Mother or Mother in Law							
Address							
	House Name	Door No	Area	Street			
		City	Pin Code	State	Country		
Email Id:		Mobile No.		Land Line			

I here enroll with Anyuta Wholly Charitable Trust to stay fit and healthy and to set up a Medical Team that will teach me to,

- | | |
|--|---|
| • Stay fit and Healthy. | • Learn Cardiopulmonary Resuscitation skills |
| • Practice Healthy living standards | • Get connected to Medical Helpline Toll Free 1800 425 1111 |
| • Practice Preventive Care | • Stay within Anyuta Trust Medical Surveillance |
| • Utilize the services of the allotted family Physician | • Understand the importance of bi annual medical check-ups |
| • Understand the injury / illness/ investigation / medication / procedures / prognosis / benefit of the Hospitalized care over Domiciliary / Outpatient care and then take an informed Medical decision. | |

Organization	Bank	Area	Branch Code	Customer ID	IFSC Code	MICR No	Amount
Anyuta Trust	Canara	Lavelle Road - CA	0000887	2306424	CNRB0000887	0887201002029	Rs.1500
Payment Details							
Name				Signature			

No: 31/18, Main Road, Loyola Layout, Main Road, Ward No: 111, Shanthala Town, Bangalore 5600 47.

Mobile: 98450 10136, 94484 56986, 94484 54311 Tele: 080 41128311, 25364766

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