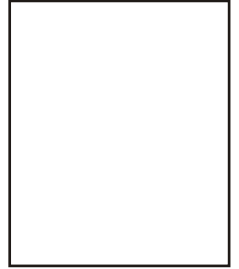


BATRA NEIGHBOURHOOD PROGRAMME

MEMBERSHIP FORM



Membership No.: _____

Name of the Member : _____


Age : _____ Sex : _____ Address (Res.) : _____

_____ Mob. : _____ Phone (R) : _____

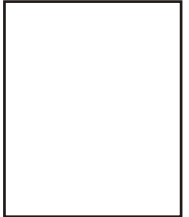
Phone (O) : _____ E-mail : _____

Particulars of other family members :


Name : _____
 Age : _____ Sex : _____
 Relationship : _____



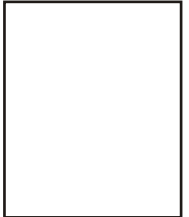
Name : _____
 Age : _____ Sex : _____
 Relationship : _____



Name : _____
 Age : _____ Sex : _____
 Relationship : _____



Name : _____
 Age : _____ Sex : _____
 Relationship : _____



**Sign. of President/
 Vice President/
 Gen. Sec., RWA**

**Signature of
 Member**

Batra Neighbourhood Programme entitles the Member to :

- 10% discount on OPD & Investigations
- 10% discount on health check packages
- 07% discount on IPD services*
- 5% discount on Pharmacy in OPD only.
- 10% discount on Physiotherapy Pkg for Senior citizens (Ages 60 upward)

Required Documents:

- Passport size photographs of all family members.

Address Proof

- Aadhar Card
- Voter Id
- Electricity Bill

*Terms & conditions apply

Neighbourhood Membership Form Receipt

Neighbourhood Membership Form received from **Mr./Mrs.** _____

_____ Date of receiving _____ Issuing Membership Card No. is _____.

Note : This receipt is not valid for any Neighbourhood discounts*.

Authorised Signatory