STATE BANK OF INDIA

NACH/ECS/AUTO DEBIT UMRN Date DDMMYYYYY MANDATE INSTRUCTION FORM
Tick [/] Sponsor Bank Code 002 Utility Code SB1296273
CREATE I/We hereby authorize Kerala Police Housing Cooperative Society Ltd 4348 to debit (tick 1/2) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number
with Bank IFSC I Or MICR
an amount of Rupees ₹
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount
Reference 1 (PEN Number) Phone No.
Reference 2 (Member Number) E-mail ID
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
PERIOD DDMM Y Y Y Y Y
PERIOD From DD MM Y Y Y Y To DD MM Y Y Y Y I Holder Signature 2 Holder Signature 3 Holder Signature
PERIOD DDMM Y Y Y Y Y

OTHER BANKS

NACH/ECS/AUTO DEBIT UMRN Date DDMM YYYYY
MANDATE INSTRUCTION FORM
Tick [/] Sponsor Bank Code 002 Utility Code NACH0000000059535
MODIFY I/We hereby authorize Kerala Police Housing Cooperative Society Ltd 4348 to debit (tick 🗸) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number
with Bank IFSC I Or MICR I
an amount of Rupees ₹
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBITTYPE Fixed Amount Maximum Amount
Reference 1 (PEN Number) Phone No.
Reference 2 (Member Number) E-mail ID
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
PERIOD DDMMYYYY
To DDMMYYYYY I Holder Signature 2 Holder Signature 3 rd Holder Signature
1. 1 Holder Name as in Bank account 2. 2 Holder Name as in Bank account 3. 3 Holder Name as in Bank account

⁻ This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/ corporate to debit my account based on the instructions as agreed and signed by me.

I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/ corporate or the bank where I have authorised the debt.

KERALA POLICE HOUSING CO-OPERATIVE SOCIETY LTD No.4348

H.O: ERNAKULAM -20

Branches: Thiruvananthapuram, Kozhikode

Head Office Ph: 0484 -2313981, 9846101101, 9846101102 e-mail: policehcsekm@kphcs.com Thiruvananthapuram Branch Ph: 9495469101, e-mail: policehcstvm@kphcs.com

Kozhikode Branch Ph: 8281551101 e-mail: policehcskkd@kphcs.com

website: www.kphcs.com

CARE PLUS FORM

MEM	IBER No.		SCHEME No	
A	Name of Applicant			
В	Rank & GL.No			
С	Unit			
D	Office Address		Residential Address	
Е	Phone No.			
	Thome Tyo.			
II	DETAILS OF HOSPI	TALISAT	TON	
	L			
A	Name of patient			
В	Age			
C	Relationship			
D	Address			
Е	Name and Address of th	e		
	Hospital			
F	Hospital Inpatient No			
G	Hospital Op No			
Н	Nature of Disease/Injur	y/Illness		
I	Date of Admission			
J	Date of Discharge			
K	Present stage of Patient			

III. DETAILS OF AMOUNT CLAIMED

SL Item No	ıs	Amount claimed		FFICE USE ONLY
			Amount	Amount
			Payable	Paid
	tors Consulting fee			
Nur Roc	sing Charges			
Roc	om Rent			
	Charges			
Diag etc	gnostic Materials and X-ray			
6 Ope	eration Charges			
Cos	t of Medicines and Drugs			
3 Oth	er Hospital Expenses -details			
	TOTAL			
V a. Am	nount Previously claimed:			
b. Am	ount applied Now :			
c.Tota	al Claimed (a+b) :			
I here	e by declare that the above Stat	ements are true to the	e best of my l	knowledge
		Signature	:	
		Name of Applic	eant :	
Place	:	Member No	:	
Date:		Scheme No	:	
	FOF	R OFFICE USE ONL	 .Y	
Prepar	red by :	Total Amount clair	ned Rs:	
Check	ed by :	Amount not payabl	e Rs :	
	ved by:	Net Amount Payab	le Rs :	
Board	Resolution No and date:			
Pas	sed for payment of Rs			
Pla	ce:		SECRI	ETARY
Dat	re :		Kerala Police	e Housing Co

Kerala Police Housing Co Operative Society Ltd No 4348 Ernakulam

DETAILS OF OTHER DOCUMENTS TO BE ATTACHED

- > DISCHARGE SUMMARY
- > DISCHAGE BILL
- > DETAILED BILL OF DISCHARGE BILL
- > ADMISSION PERIOD OTHER CASH BILL
- > ORIGINAL OR COPY TO BE ATTESTED BY CONCERNED DOCTOR ITSELF
- ► HOSPITAL SEAL, DOCTOR SEAL AND DOCTOR SIGN AS ATTESTATION
- > ONLY ADMISSION PERIOD BILLS TO BE SUBMITTED COPY OF BANK PASSBOOK FRONT PAGE
- > AADHAAR CARD OF PATIENT

KERALA POLICE HOUSING CO-OPERATIVE SOCIETY LTD No.4348

H.O: ERNAKULAM -20

Branches: Thiruvananthapuram, Kozhikode

Head Office Ph: 0484 -2313981, 9846101101, 9846101102 e-mail: policehcsekm@kphcs.com
Thiruvananthapuram Branch Ph: 9495469101, e-mail: policehcstvm@kphcs.com
Kozhikode Branch Ph: 8281551101 e-mail: policehcskkd@kphcs.com
website: www.kphcs.com

MEDICAL CERTIFICATE

To be filled by the consulting Physician/ Surgeon

1.	Name and address of the patient	:	
2.	Age of the Patient	:	
3.	Name of the Hospital Treatment was taken	:	
4.	1) Date of Admission	:	
	2) Date of Discharge	:	
5.	Hospital Inpatient No	:	
6.	Hospital O P no	:	
7	Are you the regular medical		
	Practitioner of the patient?	: Yes/No	
8.	Describe fully the nature of illness /Injury	:	
9.	Describe fully the nature of treatment	:	
10.	Was the patient referred to you by		
	Some other Doctor/Hospital	: Yes/No	
	If yes		
	a) Name and address of the Doctor/		
	Hospital	:	
	b) Diagnosis of the Previous Doctor/		
	Hospital	:	
11	Probable duration of the illness when	:	
	the patient was first attended by you		
12.	Other Remarks	:	
	I certify that the above named patient given above are true to the best of my knowledg	-	ital and the details
	Place:	Signature	:
	Date	Name of the Doctor	:
	(Office Seal)	Registration No	:
		Address	:

VOUCHER



Date											
Hare	•										
Duio											þ

KERALA POLICE HOUSING CO-OPERATIVE SOCIETY LTD., NO. 4348

H.O Elamkulam, Kochi -20, Br. Thiruvananthapuram, Kozhikode

Particula	Amount					
Failicuid	Rs. Ps.					
Checked, Recommended for Payment of	Received a sum of Rs					
Rs		only) by cash/				
	Cheque Nodt	of				
Accountant						
Passed of Payment of Rs	Bank	·				
Secretary	Name & Signature of Payee					

BANK ACCOUNT DETAILS

MEMBER NO	:
NAME	:
RANK & GLNo	:
PEN	:
NAME OF BANK	:
BRANCH	:
ACCOUNT NO	:

IFSC CODE