

GBH AMERICAN HOSPITAL



The Only NABH Accredited Hospital In Rajasthan (Outside Jaipur)

GBH AMERICAN HEALTH CARD MEMBERSHIP FORM

Form No. :	1858	OPD No.:	tabilities and the committee
Name of Applican	nt / नाम:		
Name of Father / I	Husband / पिता /पती का नाम :		
Date of Birth / জল	म तिथि :	Gender / লিল: Male / যুক্তম ☐ Female / হরী ☐	
Residential Addre	ess / पता:	s and the second	
2.57			
City / शहर:		Pincode / पिन : State / राज्य :	
Contact No. : Land	dline / फोन :	Mobile / मौबाइल :	
Email / ई-मेल:	Salara Salar		
Proof of Identity /	पेहचान: Aadhar Card 🗌 Pan Ca	ard Passport Ration Card Electricity Bill	
How do you know	about GBH American Health Ca	rd ? / आप को जी.बी.ऐच. अमेरिकन हेल्थ कार्ड के बारे में केसे पता चला ?:	
Newspaper	Television Commercials	Friend Family Doctor He	alth Camp
Date / दिनांक:			
C		Applicant	's Signature / आवेदक के हस्ताक्षर
			erven den den det sek sek sek sek sek en de en de en de en de ek sek sek sek sek sek sek sek sek sek
		Form No. :	
I Mr/Ma /Ma			
	l agree to apply for GBH American H	declare that I	have throughly understood the
terms & conditions.	ragree to apply for GBH Affierican F	realiti Card	
I have made a paym		(0)	
	nent of Rs.:	(Cheque / DD) in favour of GBH American Hosp	ital, Udaipur.
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	Members	Membership benefits		
Consultation	Pharmacy	IPD	Investigations	
25%	7%	10%	25%	
Discount on any number of Consultations. (OPD)	Discount on all Medicines purchased from the Hospital Pharmacy. (OPD)	Discount on Admission / IPD Services. (Excl. Drugs, Consumables & Implants)	Discount on any number of investigations. (OPD)	

Cost of membership			
No. of members	Total Membership cost	Validity of card	
1 member	300	2 years	
2 - 4 members (Family Card)	500	2 years	
For every additional 1 - 4 members	500	2 years	

Card Terms & Conditions / नियम व शर्तः

- This card is a property of GBH American Hospital, Udaipur to whom it must be returned upon request or if found unclaimed at the following address: GBH American Health Card division, GBH American Hospital, Udaipur 313001.
- This is not a credit / debit card and is non-transferable.
- The use of this card constitutes the acceptance of terms and conditions of the GBH American Health Card membership programme.

I Mr/Ms./Mrs.	declare that I have throughly understood the
terms & conditions. I agree to apply for GBH American Health Card	
I have made a payment of Rs	(Cheque / DD) in favour of GBH American Hospital, Udaipur.

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Applicant's Signature / आवेदक के हस्ताक्षर

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