STATE BANK OF INDIA

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN | | Date DD MM YYYY

Tick [✓]

- CREATE ✓
- MODIFY
- CANCEL

Sponsor Bank Code: 002 | Utility Code: SBI296273

I/We hereby authorize: Kerala Police Housing Cooperative Society Ltd 4348 | to debit (tick ✓): SB/CA/CC/SB-NRE/SB-NRO/Other ✓

Bank a/c number:

with Bank: | IFSC: | 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
From DD MM YYYY
To DD MM YYYY

1st Holder Signature	2nd Holder Signature	3rd Holder Signature
1. 1st Holder Name as in Bank account	2. 2nd Holder Name as in Bank account	3. 3rd 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 debit.

OTHER BANKS

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN | | | | | | | | | | | | | | | | | | | | | Date DD MM YYYY

Tick [✓]

CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code: 002

Utility Code: NACH00000000059535

I/We hereby authorize: Kerala Police Housing Cooperative Society Ltd 4348

to debit (tick ✓): ✓ SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number:

with Bank:

IFSC:

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
From DD MM YYYY
To DD MM YYYY

1st Holder Signature

1. 1st Holder Name as in Bank account

2nd Holder Signature

2. 2nd Holder Name as in Bank account

3rd Holder Signature

3. 3rd 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 debit.

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: kphcsekm@gmail.com
Thiruvananthapuram Branch Ph: 9495469101, e-mail: kphcstvm@gmail.com
Kozhikode Branch Ph: 8281551101 e-mail: kphcskkd@gmail.com
website: www.kphcs.com

CARE PLUS FORM

MEMBER No.	SCHEME No

I

A	Name of Applicant		
B	Rank & GL.No		
C	Unit		
D	Office Address		Residential Address
E	Phone No.		

II DETAILS OF HOSPITALISATION

A	Name of patient	
B	Age	
C	Relationship	
D	Address	
E	Name and Address of the Hospital	
F	Hospital Inpatient No	
G	Hospital Op No	
H	Nature of Disease/Injury/Illness	
I	Date of Admission	
J	Date of Discharge	
K	Present stage of Patient	

III. DETAILS OF AMOUNT CLAIMED

SL No	Items	Amount claimed	FOR OFFICE USE ONLY	
			Amount Payable	Amount Paid
1	Doctors Consulting fee			
2	Nursing Charges			
3	Room Rent			
4	ICU Charges			
5	Diagnostic Materials and X-ray etc			
6	Operation Charges			
7	Cost of Medicines and Drugs			
8	Other Hospital Expenses -details			
TOTAL				

IV a. Amount Previously claimed :

b. Amount applied Now :

c.Total Claimed (a+b) :

I here by declare that the above Statements are true to the best of my knowledge

Signature :

Name of Applicant :

Place : Member No :

Date : Scheme No :

FOR OFFICE USE ONLY

Prepared by :	Total Amount claimed Rs :
Checked by :	Amount not payable Rs :
Approved by:	Net Amount Payable Rs :
Board Resolution No and date:	

Passed for payment of Rs ……

Place : SECRETARY

Date : 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 AND COPY TO BE SEPARATELY 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

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: kphcsekm@gmail.com
Thiruvananthapuram Branch Ph: 9495469101, e-mail: kphcstvm@gmail.com
Kozhikode Branch Ph: 8281551101 e-mail: kphcskkd@gmail.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 was treated in the Hospital and the details given above are true to the best of my knowledge.

Place : Signature :

Date Name of the Doctor :

(Office Seal) Registration No :

Address :

VOUCHER

Date :.....

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

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

Particulars	Amount Rs.	Ps.

Checked, Recommended for Payment of Rs.....

.....

Accountant

Passed of Payment of Rs.....

.....

Secretary

Received a sum of Rs.....

.....only) by cash/

Cheque No.....dt.....of.....

.....Bank.....

.....

Name & Signature of Payee

BANK ACCOUNT DETAILS

MEMBER NO :

NAME :

RANK & GL No :

PEN :

NAME OF BANK :

BRANCH :

ACCOUNT NO :

IFSC CODE :