

Enrolment Form

From -
 Name: _____
 Address: _____
 City: _____ State: Andhra Pradesh
 Phone: _____ Landline: _____
 E-Mail: _____ Date: __/__/__

To,
TEJAS GLOBAL LIMITED
 3-5-886/4/A, 3rd Floor,
 Above Volkswagan Showroom,
 SL Square, Himayathnagar,
 Hyderabad – 500 029, Telangana, India.

I am desirous of enrolling myself and members of my household to avail the services of **Tejas Global Ltd.** to create/maintain my/our Personal Health Record(s). I have read the terms & conditions and the Service Agreement, printed over leaf and confirm my acceptance.

The following are the details:

S. No	First Name	Last Name	Relation	Service Plan	Test Plan	Updates/Yr.	Fees in Rs
1			HOH				
2							
3							
4							
5							
6							
Total							

Against the payment of Rs. _____/-, I understand that myself and members of my household listed above will be provided with well-documented Personal Health Record report/folder - that includes the results obtained by conducting the agreed diagnostic tests, and ID Cards etc. per selections made in the Service Agreement.

I am paying CASH or enclosing a Cheque # _____ dated _____ drawn in favour of **TEJAS GLOBAL LTD.** for the sum of Rs. _____/-, and will pay the balance, if any, at the time of receiving the User ID and Password.

Thank You,

 (Signature)

For Office Use only

E No.: _____
 Completed Enrolment: _____ Initiated By: _____ Completed By: _____
 Cheque Cashed/ Cash received: _____ Remarks: _____
 PHR(s) & Cards Delivered: _____