

## Sponsorship Enrolment Form

From -  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: Andhra Pradesh  
 Phone: \_\_\_\_\_ Landline: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

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

I/We are desirous of sponsoring the following households to avail the services of **TEJAS GLOBAL LIMITED** to create and maintain their Personal Health Record(s). Heads of such households (HoH) sponsored by us shall cooperate with you in:

- (a) Setting up their online user accounts
- (b) Creating their initial or Basic Health Record and
- (c) Updating the Records.

The Heads of Households shall sign a separate service agreement, as reproduced on the reverse side of this letter or on a separate page, with **Tejas Global Limited**. A copy of such agreement would be given to us and that entitles them to receive the services and/or products - without any payment on their part.

I/We enclose the payment on behalf of the beneficiaries listed below per the service and test plans and number of updates, if any, for the use of your services/products. Each line item below correlates to the content of a separate agreement between the HOH and **Tejas Global Limited**. Beneficiaries may avail additional services from **Tejas Global Limited** for which, they shall meet the costs and make a direct payment. 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							
						<b>Total</b>	

Against the payment of Rs. \_\_\_\_\_/-, I/We understand that members of beneficiary household(s) listed above will receive products and services per options exercised in their individual enrollment letters and service agreements.

I/We are paying CASH or enclosing a Cheque # \_\_\_\_\_ dated \_\_\_\_\_ drawn in favour of **TEJAS GLOBAL LIMITED** for the sum of Rs. \_\_\_\_\_/-, and will pay the balance, if any, at the time of receiving the User ID and Password - by the beneficiaries .

Thank You,

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 (Signature)

For Office Use only

E No.: \_\_\_\_\_

Completed Enrolment: \_\_\_\_\_

Cheque Cashed/ Cash received: \_\_\_\_\_

PHR(s) & Cards Delivered: \_\_\_\_\_



Initiated By: \_\_\_\_\_ Completed By: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_