



DebMinu ElderBliss OPC Private Limited

CIN: U87300WB2024OPC272462

UDYAM Reg No. (MSME): WB-04-0051177

Sainthia, West Bengal, PIN 731234, India

ELDERCARD APPLICATION FORM

CUSTOMER REGISTRATION NO: -

SERIAL NO: -

1. FULL NAME: -
2. AADHAAR NO: -
3. VOTER ID/RATION ID NO: -
4. MOBILE NO: -
5. ALTERNATE MOBILE NO: -
6. DATE OF BIRTH(DD/MM/YYYY): -
7. GENDER: -
8. ADDRESS: -

AGE: -

9. GUARDIAN/EMERGENCY CONTACT DETAILS: -

10. KNOWN MEDICAL CONDITIONS (IF ANY): -

TERMS AND CONDITIONS ACKNOWLEDGEMENT: -

I HAVE READ AND UNDERSTOOD ALL TERMS AND CONDITIONS OF THE ELDERCARD PROVIDED BY DEBMINU ELDERBLISS OPC PVT. LTD. I CONFIRM THAT THE INFORMATION SUBMITTED AND THE ATTACHED DOCUMENTS ARE TRUE. I AGREE TO THE TERMS, INCLUDING APPLICABLE PAYMENTS AND RENEWALS, AND HEREBY APPLY FOR THE CARD.

SIGN OF CARE GIVER

SIGN OF PROJECT HEAD

SIGN OF CUSTOMER

DATE:

DATE:

DATE:

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PAYMENT RECEIPT COPY



NAME OF APPLICANT: -

APPLICATION FOR ELDER CARD ARE HEREBY RECEIVED WITH SERIAL NO. -

PROCESSING FEE RECEIVED: **INR** /-

ALL REQUIRED DETAILS HAVE BEEN SUBMITTED FOR PROCESSING.

SIGN OF CAREGIVER WITH SEAL

DATE