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## MEDICAL ACCEPTANCE CARD

<b>Full Name</b> KATTA LAXMANA CHARY	
<b>Father or Husband's Name</b> SATYANARAYANA	
<b>Factory Name</b> ALEMBIC PHARMACEUTICALS LTD	
<b>Present Residential address</b> H. NO. 13-155/2,, PLOT NO:52. KISTAREDDY, VOLONY UPPAL,, Hyderabad, Andhra Pradesh, 500	
<b>Ins. No./ Ref. No.</b>	3120250608

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I apply to be included in the list of Dr.....		
I declare that I am not already in the list of a doctor in this or any other area.		
<b>Date.....</b>	<b>Signature or thumb impression of Insured Person</b>	
<b>To be completed by Doctor:</b>	<b>Doctor's Code No.</b>	
I accept this person for inclusion in my list		
<b>Date:</b>	<b>Signature of the Doctor.</b>	

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