

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.

For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

Addition of Related Person Deletion of Related Person Updation KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name
 MR. KARTHICKRATA _____ K
 (If KYC number and name are provided, below details are optional)

Maiden Name _____

Father / Spouse Name MR. KAMALAKANNAN _____ K

Mother Name MRS. MUNIYAMMAL _____ K

Date of Birth* 05-02-1998

Gender* M- Male F- Female T-Transgender

PAN* IETPK1048P Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS*

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number _____
- B-Voter ID Card _____
- C- Driving Licence _____
- D-NREGA Job Card _____
- E- National Population Register Letter _____
- F - Proof of Possession of Aadhaar _____ 7465
- II E-KYC Authentication _____
- III Offline verification of Aadhaar _____



Address

Line 1* 3/168 KOZHIPPANAI STREET SILAVATTAM PAKKAM P.O

Line 2 MADURANTAKAM CHENGALPATTU DT.

Line 3 _____

District* CHENGALPET Pin / Post Code* 603306 State / U.T Code* _____ ISO 3166 Country Code* _____

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number _____
- B-Voter ID Card _____
- C- Driving Licence _____
- D-NREGA Job Card _____
- E- National Population Register Letter _____
- F - Proof of Possession of Aadhaar _____
- II E-KYC Authentication _____
- III Offline verification of Aadhaar _____
- IV Deemed Proof of Address - Document Type code _____
- V Self Declaration _____

Address
 Line 1*
 Line 2
 Line 3
 District* Pin / Post Code* City / Town / Village* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS

Tel. (Off) Tel. (Res) Mobile
 Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: 25-06-2026 Place: MADURANTAKAM Signature /Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

[Emp. Signature]

INSTITUTION DETAILS

Name
 Code

[Institution Stamp]

Beneficiary name: Karthickraja K
Member ID: 4089270295
Employee code: 10107692
Relation: Self
Date of birth: 05 Feb 1998
Primary insured: Karthickraja K
Valid upto: 31 Mar 2027
Policy holder: Biocon Biologics Ltd
Insurer ID: 3000259075



Karthickraja K



MA4089270295

Contact number: 0120-693-7324

treatment or a guarantee for payment.

- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassist.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka
560029.CIN: U85199KA1999PTC025676
Website: mediassisttpa.in Email: info@mediassist.in

Generated On : 06/25/2026 19:15:29



Beneficiary name: Kavitha A
Member ID: 4090454622
Employee code: 10107692
Relation: Spouse
Date of birth: 26 May 1998
Primary insured: Karthickraja K
Valid upto: 31 Mar 2027
Policy holder: Biocon Biologics Ltd
Insurer ID: 3000259076



Kavitha A



MA4090454622

Contact number: 0120-693-7324

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassist.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka
560029.CIN: U85199KA1999PTC025676
Website: mediassisttpa.in Email: info@mediassist.in

Generated On : 06/25/2026 19:15:29



Beneficiary name: Baby Of Kavitha A
Member ID: 4092321426
Employee code: 10107692
Relation: Daughter
Date of birth: 25 Jun 2026
Primary insured: Karthickraja K
Valid upto: 31 Mar 2027
Policy holder: Biocon Biologics Ltd
Insurer ID: --



Baby Of Kavitha A



MA4092321426

Contact number: 0120-693-7324

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassist.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka
560029.CIN: U85199KA1999PTC025676
Website: mediassisttpa.in Email: info@mediassist.in

Generated On : 06/25/2026 19:15:29



புதிய அடையாளம்
Government of India



Download Date: 16/07/2021



கவிதா ஆ
Kavitha A
பிறந்த நாள்/DOB: 26/05/1998
பெண்/ FEMALE

Issue Date: 03/07/2021

4152 3856 0654

VID : 9120 1167 3547 6273

எனது ஆதார், எனது அடையாளம்



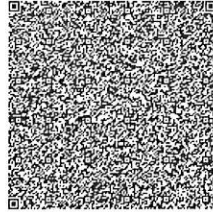
இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00158/24267

To
கார்த்திக்ராஜா க
Karthickraja K
S/O: Kamalakannan,
3/168,
KOZHIPPANNAI STREET,
PAKKAM POST SILAVATTAM,
VTC: Silavattam,
PO: Pakkam,
Sub District: Maduranthakam,
District: Kancheepuram,
State: Tamil Nadu,
PIN Code: 603306,
Mobile: 7708587275

Signature Not Verified
Digitally signed by S Unique
Identification Authority of India
DN
Date: 2025.12.04 12:49:04
IST



உங்கள் ஆதார் எண் / Your Aadhaar No. :
5491 9097 7465
VID : 9193 6371 2072 9500

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



Aadhaar no. issued: 15/04/2013



கார்த்திக்ராஜா க
Karthickraja K
பிறந்த நாள்/DOB: 05/02/1998
ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்க்கப்படும் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல் ஆகியவைகள் XMI.)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5491 9097 7465

எனது ஆதார், எனது அடையாளம்



Government of India



தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீட்டர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



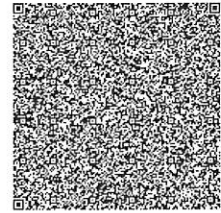
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India



Details as on: 04/12/2025

முகவரி:
S/O: கமலகண்ணன், 3/168,
கோழிப்பண்ணை தெரு, பாக்கம்
அஞ்சல் சிலாவட்டம், சிலாவட்டம்,
பாக்கம், காஞ்சிபுரம்,
தமிழ் நாடு - 603306

Address:
S/O: Kamalakannan, 3/168, KOZHIPPANNAI
STREET, PAKKAM POST SILAVATTAM,
Silavattam, PO: Pakkam, DIST: Kancheepuram,
Tamil Nadu - 603306



5491 9097 7465

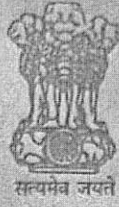
VID : 9193 6371 2072 9500

1947

help@uidai.gov.in

www.uidai.gov.in

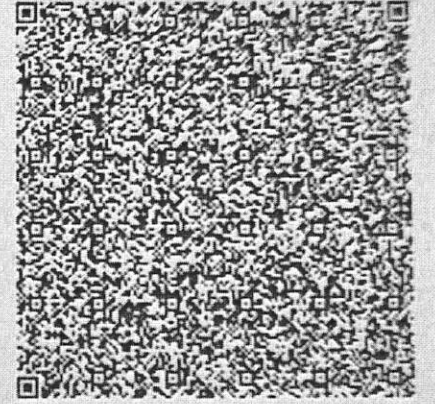
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
IETPK1048P



नाम / Name

KARTHICKRAJA K

पिता का नाम / Father's Name

KAMALAKANNAN

जन्म की तारीख / Date of Birth

05/02/1998

हस्ताक्षर / Signature

36058

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name: Kavitha Age: 27yrs Father's Name: _____ Age: _____
 Date of Birth: 25/6/2026 Date of Admission: _____ UHID No.: _____
 NICU Consultant: Dr. Curran Referring Consultant: Dr. Hemanth
 Transferring Unit: OT Labour Room ER Ward Dr. Saikala Hemanth
 Transported? Yes No - If yes: Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name: B/o Kavitha Mother's Blood Group: O+
 Gender: M F Blood Group: A1+ve Birth Weight (gms): 3.7kg Length (cms): _____
 Date of Birth: 25/6/2026 Time of Birth: 9:35am OFC (cms): _____
 Place of Birth: Sai fertility centre Estimated Gesth Age: 39+6 weeks

Current Obstetric History: (Booked / Unbooked Case) Hospital
 Maternal Age: 27yrs Ht: _____ Wt: _____ BMI: _____ Married Life: 11 months, NCM LMP: 19/09/25 EDD: 26/6/2026
 Conception: Spontaneous or with Rx: _____
 Booked at what GA: _____ AN Steroids Drugs / Doses: _____
 Last Scans Details: USG (8/6/2026) - cephalic liquor - adequate, AFI - 12.8 cm, FHR - 132 bpm, EFW - 3164 g TT Immunization and Iron / Folic Acid: _____

MATERNAL RISK FACTORS

Age: <18 yrs > 35yrs
 Consanguinity: Yes No
 If yes, degree of consanguinity: 1 2 3
 H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long: _____
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count): _____
 IUGR - when detected: _____
 Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus: _____
 AFI: _____

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values: _____
 Compliance with Rx: _____
 Scans: LGA, TIFFA, Fetal Echo: _____
 H/o Hypothyroidism: when diagnosed? Medication? M.T. carbocin 50mcg OD
 Any other Chronic Medical Problems, when detected drugs? _____
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection: H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI: when: _____ Any culture: _____

PPROM: Duration: _____ Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results: _____
 Medication during Pregnancy: _____ Duration: _____

History of Present Illness:

Delirium

wt - 3.2 kg

Baby didn't cry at birth

↓

Bag + mask ventilation was given for 5 minutes.

↓

Baby was intubated on oxygen thru nasal prongs at 2 l/min in view of A/D

RR - 72/min.

CBn at 1 hr of life - 45 mg/dl

Baby was given 10% 2ml/kg bolus followed by maintenance 10% D + calcium

↓

CBn at 2:30 pm 70 mg/dl

Investigation details in previous Hospital:

Feeding History:

Any Congenital Anomalies :

Diagnosis :

Twin (37-6 weeks) / Anomalies seen 3rd Trisomy / Aul / Thick MCA? / non-negatives only / 2 hrs.

Left Side :

FOOT PRINTS



Right Side :



Resident Doctor :

Signature : V. Annapurna 76744

Name : Dr. V. ANNAPURNA

Date & Time : 25/6/2026, 4 pm

Consultant :

Signature : [Signature]

Name : D. Lakshmi

Date & Time : 25/6/2026, 4 pm

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : Dr. Saiikala Vaswanathan

2. Name of the referring Hospital : Sai Fertility Hospital, Changelpet

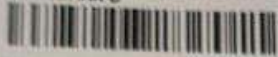
Address :

Contact Numbers :

3. Contact Details of the referring Doctor :

E-mail ID :

on whose name the patient is being



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/8/2026 4pm	<p>8/B Dr. Saritha / Dr. Giridhar</p> <p>Baby on oxygen through nasal prongs at 12/min</p> <p>maintaining SpO₂ - 9.6%</p> <p>RR - 68/min no retractions</p> <p>HR - 146/min S₁ & S₂ + no murmur, B.P - 67/43 (M) mmHg</p> <p>T - 36.5°C CBH -</p> <p>P/A - 57%</p> <p>CVS - mild aortic @</p>	
	<p>1 - Term (39+6 weeks) / MAS Birth weight 3.7 kg / Thick MSAF / non vigorous baby / MAS</p>	
	<p>Plan -</p> <ol style="list-style-type: none"> 1) oxygen thru nasal prongs at 12/min to maintain SpO₂ ≥ 94% 2) IV fluids - 10% D at 60ml/kg/day 3) IV pipitaz 1mg/kg/dose Q12H 4) CBH Q6H 5) CBC, Blood group + Rh typing, CRP, YBC to be done 6) feeds thru DUT at 1ml/feed Q2H 	
	<p>IVF - 60ml/kg</p> <p>feeds - 5ml Q2H</p>	<p>V. Annapurna 76764</p>

Patient Sticker

(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26	Echo S/R - Dr. Prihe	
5pm	Contracting - good	
	DFO L → R	
	Mild TR	
	Contracting - good	
	No MR	
2/6/26	S/R Dr. Prihe	
10:30am	Conti on	
	Lead L → R → do	
	4 feeds.	
	Saw IVF	
	In from cough.	
	Dr. Prihe	
	11:33am	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Dr Prasanna Term (39+6) / AUA / 3.7kg / MAS	
	26 HCL	wt: 3.712 (↓ 28g)
Res'	Baby on 0.3 L/min FFO ₂ . SpO ₂ : 99+	U/O: 1.3 ml/kg/hr (6h) 0.9 ml/kg/hr (24)
Cvs.	HR: 141 bpm.	RBS: 91 mg/dL Stool: Two times
P/A	DN - 10ml feeds → 15ml → 20ml feeds. Soft, BS ⊕ TFR: 80 ml/kg/day	
CNC	Activity, tone - good.	

137223.
Dr Prasanna

GUC-00083085 IP18-00038194
Baby Of KANTHA A
25-06-2026 0 Y 0 M 0 D 19 H (F)
Dr. GIRIDHAR S



REGULAR PRESCRIPTIONS

Weight. 3.7 kg Ward. NRU

DRUG : <u>INS. PIPITAZ</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>370mg</u>	<u>IV</u>	<u>Q12H</u>	<u>25/6/2025</u>	<u>05/6 06/6</u>
Name & Signature of the Doctor Starting the Drugs: <u>V. Anupama</u> <u>76445</u>				<u>S</u> <u>AM</u> <u>PM</u> <u>2/2</u>
Additional Instructions: <u>100mg / kg / dose</u>				<u>S</u> <u>PM</u> <u>BM</u> <u>T-S</u>
Daily Doctor's Endorsement by a Sign				<u>S</u>

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				