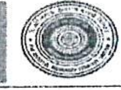


PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT

Name of the Hospital : RAINBOW CHILDREN'S MEDICARE LIMITED No: 157, Anna Salai, Guindy, Chennai - 600 015. www.rainbowhospitals.in Date : 25/04/26

Address :

PATIENT NAME (BLOCK LETTERS) : K. A. NAYAALINI AGE/SEX : Female

IP No : UHID No : Mobile No of Patient :

Date of Admission : 24-06-2026 Time of Admission :

Date of Discharge : Time of Discharge :

Address of the Patient : No: 55, Railway Border 2nd st, Canvery Nagar Saidapet ch-15

NAME OF THE ATTENDANT : D: Karthikeyan Relationship with the Patient : Father

Mobile No. of Attendant : 6939584483 Address : Same as Patient

Declaration regarding Insurance Policy (Strike off the option which is not applicable)

(i) *Declaration when patient has no insurance policy:*

- I declare that I do not have any insurance policy.

(ii) *Declaration when patient has insurance policy:*

- I declare that I have following Insurance Policies

Policy No/TPA card No: 25110050251000124

Insurance Company: Heritage Health Insurance TPA Pvt Ltd.

2) Whether patient opted for Eligible Room Category under Policy:
Yes / No

3) In case, policyholder wishes to avail better facility:

Name of the Additional Facility/ Provision/ Procedure/ Treatment which costs Rs : 50,000/-

(In words:) only.

On my own option, I wish to avail above better facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Additional Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed PPN tariff. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed PPN tariff rates and balance amount will be borne by myself or patient only.

I have also been explained that when room service of a category better than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me.

Signature :
Name of the Patient/Patient's attendant:

Signature :
Name of the Hospital Representative & Hospital Seal :

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

	Prefix	First Name	Middle Name	Last Name
Name*		KARTHIKEYAN		D

(If KYC number and name are provided, below details are optional)

	Prefix	First Name	Middle Name	Last Name
Maiden Name				
Father / Spouse Name		DURAIRAJAN		B
Mother Name		MAHESHWARI		D

Date of Birth* 15-12-1946

Gender* ☑ M- Male ☐ F- Female ☐ T-Transgender

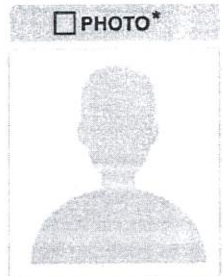
PAN* EWNPK7948S ☐ Form 60 furnished

☐ 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 XXXXXXXX9968
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1* NO 55 RAILWAY BORDER 2nd STREET CAUVERY NAGAR
Line 2 SAIDAPET
Line 3
City / Town / Village* CHENNAI
District* CHENNAI Pin / Post Code* 600015 State / U.T Code* TN 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 | City / Town / Village*
District* | Pin / Post Code* | 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. Incase 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 : 24-06-2026 Place: CHENNAI

Signature /Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY

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

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]