



# THRIPRAYAR SUPER SPECIALTY HOSPITAL LTD.

CIN: U85110KL2015PLC039434 - Registrar of Companies. Dt. 25-02-2016  
Thriprayar South, P.O. Valapad, Thrissur Dt. Kerala - 680567  
www.thriprayarspecialityhospital.com - Email:thriprayarshospital@gmail.com



Sl. No.

## APPLICATION

I would like to be a Shareholder of Thriprayar Super Speciality Hospital Ltd. and agree to pay

Rs. .... (Rupees .....)

1 Name in full : Mr. / Mrs. / Miss

2 Name of Father / Husband

3 Sex : Male  Female  4. Marital Status : Single  Married  5. Date of Birth

6 Pan No.:  7 Phone :

8 E-Mail :  9 Mobile :

10 Nationality

11 Profession: Self employed  Professional  Business  Student  House Wife  Others

12 Permanent Address

 Pin 

13 Postal Address

 Pin 

14 Proof of Identity \_\_\_\_\_

### 15. Nominee

a. Name in full

b. Address

c. Relationship  d. Date of Birth

e. Name of Father / Husband

f. Sex : Male  Female  4. Marital Status : Single  Married

16. Payment Mode : Cheque  Demand Draft  Amount Rs.

Cheque / DD No.  Date :

Issuing Bank

*(Cheques and Drafts are subject to Realisation)*

I hereby declare that information given above is true to the best of my knowledge and I will abide by the prevailing rules framed thereunder and amended time to time.

Place :

Date :

  
Signature of applicant  
Signature of applicant

Signed on	

FOR OFFICE USE ONLY

Chairman

Managing Director