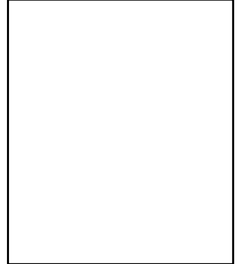
LIONS CLUB OF HYDERABAD SADHURAM EYE HOSPITAL

Post Graduate Institute of Ophthalmology

Phone: 040 – 66664420, 23221094
Cell No: 9949093362

#1-2-8, Domalguda, Hyderabad-29

APPLICATION FOR FRIENDS OF SADHURAM PRIVILEGE CARD



Name : ....

Date of Birth/ Age : .... Occupation: ....

Permanent Address : ....

....

Tel.No. Office: .... Res:................................. Cell:..

E-mail (if any): ....

Family Members Details entitled for this benefit (Valid for 6 Members including Primary Card Holder)

S.No.	Name of the Family Member	Age	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

FOR OFFICE USE

Payment of **Rs.15,000/-** **(**Rupees Fifteen Thousand Only) received vide **Cash / Cheque No**......................,dated..............................,Bank ....

I.D.Proof: Adhaar Card / Pan Card

Applicant Full Signature

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Terms & Conditions of Privilege Card:

1. Privilege Card Fees Rs.15,000/- (Rupees Fifteen Thousand only).
2. The Members will be entitled to 10% discount on the Surgical Packages other than Retina.
3. There will be No Registration Charges, Out of Line-Fast Track Facility will be given.
4. Discount will only be given on producing (presentation) of this Card.
5. Please present the card at the time of Registration and before billing.
6. If the Member decides to cancel the card, there will be no refund.
7. This card is valid for 5 years only.
8. The Card will be issued with-in 15 days after payment.
9. Card has to be renewed, after paying the renewal fee of Rs.5000/ (Rupees Five Thousand only) within 30 days of expiry.
10. Two Passport size coloured photograph of the Applicant to be enclosed with application form.
11. In case the Card Is Lost or Misplaced the Member should apply for a New Card.
12. The Hospital reserves the right to change/cancel the privileges without prior notice.
13. This Card is non transferable & non refundable.

I have gone through the terms and conditions stated above. I agree & promise to abide by all of them.

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Applicant Signature **Sig. Hospital Superintendent**