

## HOLISTIC HEALTH TECH PRIVATE LIMITED

### Ab Arogyamitra Scheme (ABREPOSE as Facilitator)

#### Particulars/Documents required:

Applicant (Self)			
01.	Name	:	
02.	Date of Birth	:	
03.	Mobile Number	:	
04.	Email ID	:	
05.	Address	:	
06.	Address Proof (if the present address differs with the Aadhar Card Address, , any other proof of address for present address)	:	Adhar No.
07.	Annual Income	:	
08.	Occupation details	:	
09.	Height in Feet	:	
10.	Weight	:	
11.	Nominee Particulars:  In case the nominee is a minor, Guardian particulars should be furnished.	:	1. Name: 2. Relationship: 3. Date of Birth: 4. Mobile Number: 5. Email ID:

#### PRE-EXISTING DISEASES:

Already having any health issues?	:	Yes/No
If yes:	:	
1. Existing Disease?	:	
2. Since How Long?	:	
3. Medicines/Treatment undergoing?	:	

- Please mention the pre-existing diseases if any without hiding the same

Spouse			
01.	Name	:	
02.	Date of Birth	:	
03.	Mobile Number	:	
04.	Email ID	:	
05.	Address	:	
06.	Address Proof (if the present address differs with the Aadhar Card Address, , any other proof of address for present address)	:	Adhar No.
07.	Annual Income	:	
08.	Occupation details	:	
09.	Height in Feet	:	
10.	Weight	:	

**PRE-EXISTING DISEASES:**

Already having any health issues?	:	Yes/No
If yes:	:	
4. Existing Disease?	:	
5. Since How Long?	:	
6. Medicines/Treatment undergoing?	:	

- Please mention the pre-existing diseases if any without hiding the same

Child -1			
01.	Name	:	
02.	Date of Birth	:	
03.	Mobile Number	:	
04.	Email ID	:	
05.	Address	:	
06.	Address Proof (if the present address differs with the Aadhar Card Address, , any other proof of address for present address)	:	Adhar No.
07.	Annual Income	:	
08.	Occupation details	:	
09.	Height in Feet	:	
10.	Weight	:	

**PRE-EXISTING DISEASES:**

Already having any health issues?	:	Yes/No
If yes:	:	
1. Existing Disease?	:	
2. Since How Long?	:	
3. Medicines/Treatment undergoing?	:	

- Please mention the pre-existing diseases if any without hiding the same

**Child -2**

01.	Name	:	
02.	Date of Birth	:	
03.	Mobile Number	:	
04.	Email ID	:	
05.	Address	:	
06.	Address Proof (if the present address differs with the Aadhar Card Address, , any other proof of address for present address)	:	Adhar No.
07.	Annual Income	:	
08.	Occupation details	:	
09.	Height in Feet	:	
10.	Weight	:	

**PRE-EXISTING DISEASES:**

Already having any health issues?	:	Yes/No
If yes:	:	
4. Existing Disease?	:	
5. Since How Long?	:	
6. Medicines/Treatment undergoing?	:	

- Please mention the pre-existing diseases if any without hiding the same