

Polyclinic File ref: _____

Date: _____

INTIMATION: CHANGE OF PARENT POLYCLINIC

(Separate form to be raised for each card/copy to be sent to concerned Regional Centre)

To

OIC ECHS Polyclinic

_____ (Address of Old Parent Polyclinic)

1. ECHS Card No _____
2. Name of ECHS beneficiary _____
3. Relationship with ECHS Member _____
4. No _____
5. Rank _____
6. Name of AFV _____
7. Old Parent Polyclinic _____
8. New Parent Polyclinic _____
9. Date of change of parent Polyclinic _____
10. Duration from _____ to _____

Declaration by Card Holder

Certified above is true

Date:

(Sign. Of Card Holder)

Remarks of OIC Polyclinic

Verified details as above

Certified above is true

Date:

(Sign. Of OIC Polyclinic)