Docsea Services Private Limited

C.O. J-63, Kartar Nagar, 3/1/2, Pusta Shastri Park, Delhi- 110053
Mob: 09368395359, 09259117428
R.O. 194-MIG, Jawahar Puram, Phase-2 Albatiya Road Shahganj, Agra
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Photo

MEMBERSHIP REGN. FORM

In Business Arrangement With a leading Insurance Company Of India

Memberhip Date

Date Month Year

Branch: .....

Code:.....

I hereby Voluntary agree to be a member of **DOCSEA SERVICES PVT. LTD.** and I am depositing Rs.....for..... year as per details given below towards the expenses to be incurred on Professional Indemnity Insurance Coverage, as provided under the policy and scheme of **DOCSEA SERVICE PVT. LTD.**

Amount	D/D or A/C Payee/ Cheque No.	Date	Bank	Drawn

Particulars:

Full Name

Dr.
Father's / Husband Name

Qualification

Year

Specialities:

Address: Clinic/Hospital/Nursing Home:

Address Residence

Telephone No. Clinic Residence:

Mobile No.: E-mail:

Date of Birth Marriage Anniversary:

Medical Registration No.: Year:

Other Particulars (If any).....

I also hereby declare that I have fully understood the policy/scheme and shall abide by the rules and regulations of Docsea services pvt. Ltd. in case of non-payment in full in time, the Docsea services pvt. Ltd. will have the right to forfeit the amount deposited by me. I have no objection to publish my photograph in D.M.A/I.M.A Bulletin or in any News Media for the interest of my own or for the organizations.

Signature of Doctor Member Signature of Executive/ Promoter

UNITED INDIA INSURANCE COMPANY LTD.

(A Govt. of India Undertaking)
Regd. & Head Office : united India House, 24 whites Road, Chennai- 600 140
"PROPOSAL FORM FOR DOCTORS AND MEDICAL PRACTITIONER PROFESSIONAL INDEMNITY"

This Proposal must be Signed. All question must be answered, The Completion and Signature of this proposal does not bind the proposer or insure to complete a contract of insurance.

If there is insufficient space to answer question, please use additional sheets and attach it to this form
The Company does no assume any liabilities until the proposal has been accepted and premium paid

(All Entries In This Proposal Form Should Be Entered Neatly And Legibly)

1. **Name of the proposal :**
2. **Address (In Block Letters).....**
   .....Pin Code (Mandatory).....
3. **Contact no.....**
4. **Professional Qualification No.:.....year.....**
5. **Medical Registration No.:.....year.....**
6. **Are you member of any Medical Association/Council?.....**
   If so, please state Name and address of such.....
   Association/Council with membership No.....
7. **State the address of your clinic/Chamber.....**
8. **Are you attached to/or attending, as a visiting Physician/Surgeon in any Hospital/.....**
   Nursing Home/Clinic etc. If yes, please give details.....
9. **Are you a general Physician/Surgeon/Dentist/Specialist/ Consultant/ Physician/.....**
   Anesthetists (In case of specialist state the exact line in which your specials.....
   and in which branch of medicine viz. Allopathy/homeopathy/Ayurvedic etc.).....
10. **How long have you been practicing?.....**
11. **Estimated Annual income.....**
12. **(a) Specify facility such X ray, Radiation, Therapy, Scanning etc. available.....**
    Operated by you or under your control and the average no. of persons using and facility in a day.....
13. **State the average Number of patient you are attending per day**
14. **Limit of indemnity *1:1, 1:2, 1:3 1:4**
    Any one Act Rs.....Any one year Rs.....Ratio.....
15. **Extension for unqualified staff.....**
16. **Have any claims been made upon you or legal proceedings instituted of likely to:.....**
    be instituted against you by patients in respect of you treatment etc.....
    if so, please give detail.....
17. **Have you been previously insured for the subject risk? If so: give full particulars.....**
18. **Has any company**
    (a) Declined your Proposal.....
    (b) Required and increased premium.....
    (c) Refused to renew your policy.....
    (d) Cancelled such a policy.....
19. **Period of insurance.....From.....to.....**

I hereby declare that the above statement and particulars are true and I have not suppressed or misstated my material and that at the present time I have no reason to anticipate any claim being brought against me for any negligent act error or omission on my part and agr that this declaration all be basis of contract between me and the insurer. I also agree that the insurance shall, not be availed for claim arising out of acts of negligence, error of omission or miss conduct committed PRIOR to commencement this insurance.

Date: .....

Place:.....

Section 41, of Insurance Act 1938
Prohibition of Rebates

Signature of proposer

No person shall allow or offer to allow either directly or inducement to any person to take out or continue an insurance in respect of any kind or risk relating to likes or property in India any rebate of whole of part of the commission payable or any rebate or premium shown on then policy any person taking our or continuing a policy accept any rebate except such rebate as maybe allowed in accordance with prospectus of tables of the insurer.