



NS MEMORIAL INSTITUTE OF MEDICAL SCIENCES

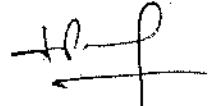
A UNIT OF KOLLAM DISTRICT CO-OPERATIVE HOSPITAL SOCIETY LTD., NO.Q.952

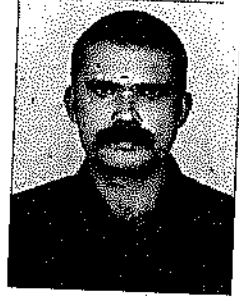
TO WHOMSOEVER IT MAY CONCERN

Venugopal.s ,49 yrs (MR.NO.428552) POOVANAMVILA VEEDU MUKKODU PO,MULAVANA,KOLLAM is on maintenance Haemodialysis at this centre since .22.11.17 Chronic Kidney disease stage v due to Diabetic Mellitus and Hypertension .He needs life long thrice weekly Haemodialysis along with Routine medicines and periodic follow up. The monthly cost of treatment is Rs.25000/-month.

KOLLAM
12.12.17




Dr.PRAVEEN NAMBOODIRI
Consultant Nephrologist



Medical Certificate

Certified that (Name and Address of Patient) Venugopal,

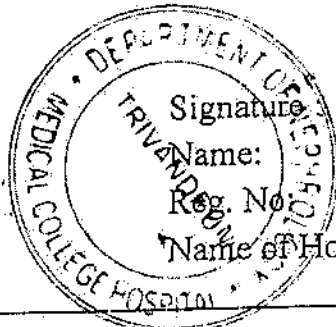
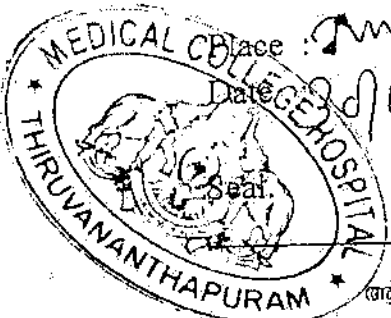
Punnam Veedu, Mulara

is undergoing regular dialysis for (Specify Diagnosis) Chronic Kidney Disease

Stage 3 on Mentaure Hemodialysis

Frequency of Dialysis per month is around 8/ week

And he / she requires regular dialysis for up to month / years / lifelong.



Signature: [Handwritten Signature]

DR NOBLE GRACIOUS S.S.
M.D., D.M.
Reg No. 23750 (Nephrology)
Assoc. Professor, Nephrology
Medical College, Thiruvananthapuram

| | |
|-------------|--|
| Register No | |
|-------------|--|

ആദ്യ അപേക്ഷകർക്ക് ശേഷം ഓരോ ആറ് മാസത്തിലും പുതിപ്പിച്ച് നൽകേണ്ടത്.

Medical Certificate and Life Certificate

Certified that (Name and Address of the Patient) Venugopal,

Punnam Veedu, Mulara

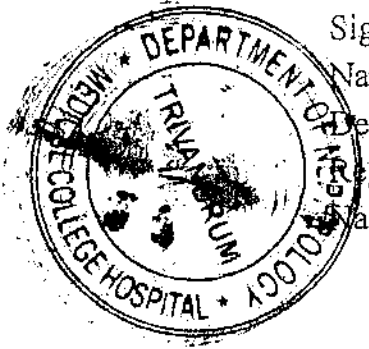
is undergoing regular dialysis and he / she is alive on this day 30/11 month of 2017

and he / she requires further regular dialysis for up to month / year.

He undergone Renal Transplantation on (date, month and year).

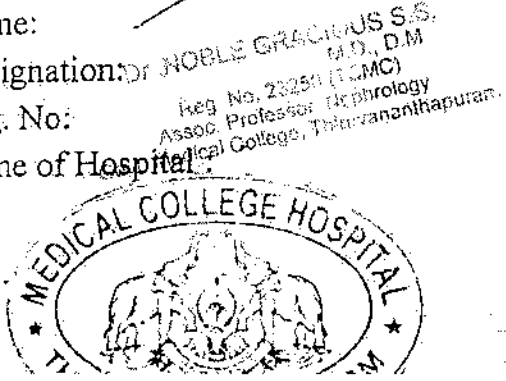
Place : [Handwritten]
Date : 30/11/17

Seal.



Signature : [Handwritten Signature]

Name: [Handwritten]
Designation: [Handwritten]
Reg. No: [Handwritten]
Name of Hospital: [Handwritten]





(അപേക്ഷകർ ഈ രേഖയിന്റെ സഹായത്തോടൊത്ത് എടുത്ത് സൂക്ഷിക്കുക)



Medical Certificate

Certified that (Name and Address of Patient) Mr. Venugopal, Pooanam Vela
Veedu, Mukkoadu, P.O. Meelavara, Kollam
is undergoing regular dialysis for (Specify Diagnosis) Chronic Kidney
Diseases
Frequency of Dialysis per month is around Rs. 2000/-
And he / she requires regular dialysis for Life Long month / years / lifelong.

Place : Kollam

Date : 09/05/2018

Signature :



Reg. No:

Name of Hospital & Designatio:

Seal.

ആദ്യ അപേക്ഷകർക്ക് ശേഷം ഓരോ ആറ് മാസത്തിലും പുതിയത് നൽകേണ്ടത്.

| | |
|-------------|--|
| Register No | |
|-------------|--|

Medical Certificate and Life Certificate

Certified that (Name and Address of the Patient) Mr. Venugopal, Pooanam Vela
Veedu, Mukkoadu, P.O. Meelavara, Kollam
is undergoing regular dialysis and he / she is alive on this day / month of 20
and he / she requires further regular dialysis for month / year.
He undergone Renal Transplantation on (date, month and year).

Place : Kollam

Date : 09/05/2018

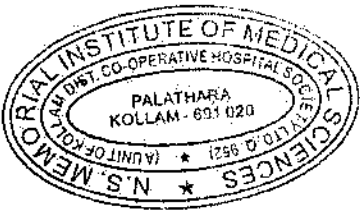
Signature :

Name:

Designation:

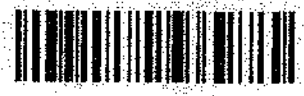
Reg. No:

Name of Hospital :



Seal.

500



റേഷൻ കാർഡ്

| | | | |
|---|-----------|------------------|------------|
| മുൻഗണന | പു.പു. വൈ | റേഷൻ കാർഡ് നമ്പർ | 1207169593 |
| താലൂക്ക് | | | |
| ഉടമയുടെ പേര് | | | |
| മേൽവിലാസം | | | |
| പിന്മാതൃത്വ/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ | | | |
| റേഷൻ നമ്പർ | | | |
| റീട്ട് നമ്പർ | | | |
| റേഷൻ അർഹതയുള്ള അംഗങ്ങളുടെ എണ്ണം | | | |
| കുടുംബത്തിൻ്റെ മാസവരുമാനം | | | |
| തീയതി | | | |



Signature

താലൂക്ക് സബ്ജക്ട് ഓഫീസറുടെയോ സിറ്റി റേഷനിംഗ് ഓഫീസറുടെയോ ഒപ്പ്

കാർഡിൽ ഉൾപ്പെട്ടിരിക്കുന്നവർ * അനുകൂലിത അംഗം NRK - കേരളത്തിന് പുറത്തുള്ളവർ

| Mem Id | ക്രമ നമ്പർ | പേര് | ബന്ധം | വയസ്സ് | തൊഴിൽ | വരുമാനം | NRK |
|--------|------------|------------|----------|--------|---------------|---------|-----|
| 1 | 1 | ശ്രീമതി | മുട്ട | 45 | ഗൃഹഭരണം | 200 | |
| 6 | 2 | ബിജു | മകൻ | 23 | കുലി | | |
| 5 | 3 | നിഷ്ണാ | മകൻ | 25 | കുലി | | |
| 3 | 4 | അനാല | ചെറുമകൾ | 14 | വിദ്യാർത്ഥിനി | | |
| 4 | 5 | ദേവനാഥൻപാൽ | ഭർത്താവ് | 47 | കുലി | | |

അംഗങ്ങളുടെ ആകെ എണ്ണം : 5



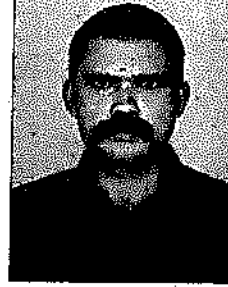
Br.:

THE FEDERAL BANK LTD
KUNDARA
P B NO. 18
HOSPITAL JUNCTION KUNDARA
KUNDARA
KERALA - 691501
Phone: 2322051
MICR Code: 691049202
IFSC : FDRL0001243
Toll free number: 1800 425 1199

EXERCISE YOUR NOMINATION FACILITY

| | | |
|----|---------|------------------------------------|
| 1 | AWB | Any Where Banking |
| 2 | CHQ | Cheque |
| 3 | Coll. | Collection |
| 4 | Commn. | Commission |
| 5 | Cr. | Credit |
| 6 | DD | Demand Draft |
| 7 | Dr. | Debit |
| 8 | DW | Dividend Warrant |
| 9 | ECS | Electronic Clearing Service |
| 10 | Fdxxxx | Standing Instruction |
| 11 | FCCP | Foreign Currency Cheque Purchased |
| 12 | IBC | Inward Bills for Collection |
| 13 | IBP | Inward Bills under LC |
| 14 | ICBP | Inland Clean Bills Purchased |
| 15 | IDBP | Inland Documentary Bills Purchased |
| 16 | Inst. | Instrument |
| 17 | Int. | Interest |
| 18 | IO | Interest Out Flow |
| 19 | LCC | Local Cheque for Collection |
| 20 | LCP | Local Cheque Purchased |
| 21 | OBC | Outward Bills for Collection |
| 22 | Pd. | Paid |
| 23 | POS Sur | Point of Sale Surcharge |
| 24 | RTN | Return |
| 25 | Tran. | Transaction |
| 26 | Trf. | Transfer |

Account Type : Savings Account
Account Number : 12430100100986
Customer ID : 9645288
Name : MR SREEDEVI VENU
2. MR VENUGOPALAN ACHARI S
Address : POOVANAM VILA
MULAVANA
KUNDARA-691501, INDIA
Operational Instruction : EITHER OR SURVIVOR
Date of Decease : 01-06-2000
Account activation date :
(for Pre-opened kits)



- FINANCE PRODUCTS**
- Personal Loans
 - Personal Car Loans
 - Home Loans
 - Urban Credit Cards
 - Life Insurance
 - Gold Loans and Gold MDP

For details, please contact any of our branches or
at www.federalbank.com