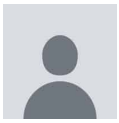
HERITAGE HEALTH INSURANCE TPA PVT. LTD.

NICCO HOUSE, 5th FLOOR, 2 HARE STREET. KOLKATA - 70000
E-CARD

HEALTH CARD

Insured Name : VALATHATI JOSHITH
Card No : HHS1.0202674278
Policy No : 251100502510000122
Product Name : Group Policy (IBN)
Emp Id : 762675
Relation : Son
Age : 5
Policy Valid From : 01/11/2025
Policy Valid To : 31/10/2026
Proposer Name : UNION BANK OF INDIA - EMPLOYEES



This card is the property of Heritage Health Insurance TPA Private Limited and not transferable. The card holder should use it in accordance with the terms and conditions and limitations specified for the said purpose. This card must be presented to the Company's affiliate(s) and / or service provider(s) for receiving services. This is not a credit card. If found, please return to:

Heritage Health Insurance TPA Private Limited

Corporate Office	Branch Office
NICCO HOUSE, 5th FLOOR, 2 HARE STREET. KOLKATA - 700001	Nicco House, 5th floor, 2, Hare Street, KOLKATA-700001-Phone: 3322486430-Email : heritage_health@bajoria.in

Regd Office: Mcleod House. 3 Netaji Subhas Road, Kolkata - 700001

HelpLine :	Emergency :	Toll Free No. :
03322484648	03322436026	18003453477

24 Hour Toll Free Call Centre **1800 345 3477**

This card is only for identification purpose and is not an authorisation to proceed with the treatment or a guarantee for payment.- Subject to the terms and conditions of the underlying insurance policy, this non transferable identification card valid at selected hospitals will enable you to avail Cashless hospitalisation only on the basis of preauthorisation issued by Heritage Health Insurance TPA.- In Case preauthorisation is not issued,the policy holder / beneficiary will be required to make payments to hospital and submit the claim to Heritage Health Insurance TPA for a possible reimbursement.- All preauthorisation and/or settlement of claims is subject to the terms and conditions of the relevant policy. Please note the following

1. This soft copy of Identity card is valid for identification when printed andpresented with a valid proof of identity at any Network Hospital.
2. All non admissible expenses incurred have to be paid directly to the hospital by the employee.
3. This card is valid only for hospitalization in India.
4. Please take a print out of this e-card, sign it and hand over the same to the hospital authorities, while availing the cashless hospitalisation facility.
5. Along with this card acceptable proof of identity such as Id card issued by the employer / Passport / Driver's Licence / Ration Card / Voter's ID Card / PAN Card should be presented at the Hospital.

For Claim Forms & Complete List of Network Hospitals, visit the following URL: https://heritagehealthtpa.com/

సంఖ్య 1
NO. 1

ఆంధ్ర ప్రదేశ్ ప్రభుత్వము
GOVERNMENT OF ANDHRA PRADESH
వైద్య,ఆరోగ్య మరియు కుటుంబ సంక్షేమ శాఖ
DEPARTMENT OF HEALTH, MEDICAL AND FAMILY WELFARE

పారం-5
FORM-5

MUNICIPAL CORPORATION VIJAYAWADA

జనన ధ్రువ పత్రము
BIRTH CERTIFICATE

(జనన మరణ నమోదు చట్టం 1969, 12/17 విభాగము ప్రకారము, ఆంధ్ర ప్రదేశ్ జనన మరణ నమోదు నిబంధనలు 1999, 8/13 కింద జారిచేయడమైనది)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ANDHRA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 1999)

భారత దేశము, ఆంధ్రప్రదేశ్ రాష్ట్రము కృష్ణ జిల్లా విజయవాడ అర్బన్ మండలము మునిసిపల్ కార్పొరేషన్ విజయవాడ (స్థానిక ప్రదేశము) జనన మరణ రిజిష్టేరులోని జననానికి సంబంధించిన అసలు రికార్డు నుండి, క్రింది సమాచారము తీసుకొనబడినదని ధ్రువీకరించడమైనది.
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPAL CORPORATION VIJAYAWADA OF TAHSIL/BLOCK VIJAYAWADA URBAN OF DISTRICT KRISHNA OF STATE/UNION TERRITORY ANDHRA PRADESH, INDIA.

పేరు / NAME: JOSHITH VALATHATI

లింగము / SEX: మగ MALE

పుట్టిన తేది / DATE OF BIRTH:
26-12-2019
TWENTY-SIXTH-DECEMBER-TWO THOUSAND NINETEEN

పుట్టిన స్థలము/ PLACE OF BIRTH:
RAINBOW SUPER SPECIALITY HOSPITAL SRI RAMA CHANDRA NAGAR VIJAYAWADA

తల్లి పేరు / NAME OF MOTHER:
GOTRU SIRISHA

తండ్రి పేరు / NAME OF FATHER:
VALATHATI NAVEEN KUMAR

ఆధార్ సంఖ్య / MOTHER'S AADHAAR NO:

XXXXXXXX5538

ఆధార్ సంఖ్య / FATHER'S AADHAAR NO:
XXXXXXXX6007

బిడ్డ జన్మించినపుడు తల్లిదండ్రులు చిరునామా / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
1-8-859 STREET NO 374 , BEHIND RTC KALYANAMANDAPAM LANE , ACHAIAH NAGAR NALLAKUNTA,
RTC CROSS ROAD, GHMC, , MUSHEERABAD, HYDERABAD, TELANGANA- 500044

తల్లిదండ్రులు యొక్క స్థిరనివాసపు చిరునామా/ PERMANENT ADDRESS OF PARENTS:

1-8-859 STREET NO 374, BEHIND RTC KALYANAMANDAPAM LANE, ACHAIAH NAGAR NALLAKUNTA,
RTC CROSS ROAD, GHMC, MUSHEERABAD, HYDERABAD, TELANGANA- 500044

నమోదు సంఖ్య / REGISTRATION NUMBER:
B-2019: 28-90032-016884

నమోదు తేది / DATE OF REGISTRATION:
31-12-2019

విశేషాంశములు / REMARKS (IF ANY):
—

జారి చేసిన తేది / DATE OF ISSUE:
31-12-2019

జారి చేసిన అధికారి సంతకం / ISSUING AUTHORITY :

(జనన మరణ రిజిష్ట్రార్)
REGISTRAR (BIRTH & DEATH)

MUNICIPAL CORPORATION VIJAYAWADA

UPDATED ON :
31-12-2019 00:00:00

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" ప్రతి జననము, ప్రతి మరణము తప్పకుండా 21 రోజులలో నమోదు చేయండి " / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

GOTRU SIRISHA

SUBRAHMANYESWARA RAO GOTRU

09/05/1991

Permanent Account Number

BDSPG6695R

G Sirisha

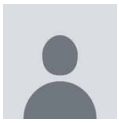
Signature

HERITAGE HEALTH INSURANCE TPA PVT. LTD.

NICCO HOUSE, 5th FLOOR, 2 HARE STREET. KOLKATA - 70000
E-CARD

HEALTH CARD

Insured Name : GOTRU SIRISHA
Card No : HHS1.0202674276
Policy No : 251100502510000122
Product Name : Group Policy (IBN)
Emp Id : 762675
Relation : Self (Female)
Age : 34
Policy Valid From : 01/11/2025
Policy Valid To : 31/10/2026
Proposer Name : UNION BANK OF INDIA - EMPLOYEES



This card is the property of Heritage Health Insurance TPA Private Limited and not transferable. The card holder should use it in accordance with the terms and conditions and limitations specified for the said purpose. This card must be presented to the Company's affiliate(s) and / or service provider(s) for receiving services. This is not a credit card. If found, please return to:

Heritage Health Insurance TPA Private Limited

Corporate Office	Branch Office
NICCO HOUSE, 5th FLOOR, 2 HARE STREET. KOLKATA - 700001	Nicco House, 5th floor, 2, Hare Street, KOLKATA-700001-Phone: 3322486430-Email : heritage_health@bajoria.in

Regd Office: Mcleod House. 3 Netaji Subhas Road, Kolkata - 700001

HelpLine :	Emergency :	Toll Free No. :
03322484648	03322436026	18003453477

24 Hour Toll Free Call Centre **1800 345 3477**

This card is only for identification purpose and is not an authorisation to proceed with the treatment or a guarantee for payment.- Subject to the terms and conditions of the underlying insurance policy, this non transferable identification card valid at selected hospitals will enable you to avail Cashless hospitalisation only on the basis of preauthorisation issued by Heritage Health Insurance TPA.- In Case preauthorisation is not issued,the policy holder / beneficiary will be required to make payments to hospital and submit the claim to Heritage Health Insurance TPA for a possible reimbursement.- All preauthorisation and/or settlement of claims is subject to the terms and conditions of the relevant policy. Please note the following

1. This soft copy of Identity card is valid for identification when printed andpresented with a valid proof of identity at any Network Hospital.
2. All non admissible expenses incurred have to be paid directly to the hospital by the employee.
3. This card is valid only for hospitalization in India.
4. Please take a print out of this e-card, sign it and hand over the same to the hospital authorities, while availing the cashless hospitalisation facility.
5. Along with this card acceptable proof of identity such as Id card issued by the employer / Passport / Driver's Licence / Ration Card / Voter's ID Card / PAN Card should be presented at the Hospital.

For Claim Forms & Complete List of Network Hospitals, visit the following URL: https://heritagehealthtpa.com/

సంఖ్య 1
NO. 1

ఆంధ్ర ప్రదేశ్ ప్రభుత్వము
GOVERNMENT OF ANDHRA PRADESH
వైద్య,ఆరోగ్య మరియు కుటుంబ సంక్షేమ శాఖ
DEPARTMENT OF HEALTH, MEDICAL AND FAMILY WELFARE

పారం-5
FORM-5

MUNICIPAL CORPORATION VIJAYAWADA

జనన ధ్రువ పత్రము
BIRTH CERTIFICATE

(జనన మరణ నమోదు చట్టం 1969, 12/17 విభాగము ప్రకారము, ఆంధ్ర ప్రదేశ్ జనన మరణ నమోదు నిబంధనలు 1999, 8/13 కింద జారిచేయడమైనది)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ANDHRA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 1999)

భారత దేశము, ఆంధ్రప్రదేశ్ రాష్ట్రము కృష్ణ జిల్లా విజయవాడ అర్బన్ మండలము మునిసిపల్ కార్పొరేషన్ విజయవాడ (స్థానిక ప్రదేశము) జనన మరణ రిజిష్టేరులోని జననానికి సంబంధించిన అసలు రికార్డు నుండి, క్రింది సమాచారము తీసుకొనబడినదని ధ్రువీకరించడమైనది.
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPAL CORPORATION VIJAYAWADA OF TAHSIL/BLOCK VIJAYAWADA URBAN OF DISTRICT KRISHNA OF STATE/UNION TERRITORY ANDHRA PRADESH, INDIA.

పేరు / NAME: JOSHITH VALATHATI

లింగము / SEX: మగ MALE

పుట్టిన తేది / DATE OF BIRTH:
26-12-2019
TWENTY-SIXTH-DECEMBER-TWO THOUSAND NINETEEN

పుట్టిన స్థలము/ PLACE OF BIRTH:
RAINBOW SUPER SPECIALITY HOSPITAL SRI RAMA CHANDRA NAGAR VIJAYAWADA

తల్లి పేరు / NAME OF MOTHER:
GOTRU SIRISHA

తండ్రి పేరు / NAME OF FATHER:
VALATHATI NAVEEN KUMAR

ఆధార్ సంఖ్య / MOTHER'S AADHAAR NO:

XXXXXXXX5538

ఆధార్ సంఖ్య / FATHER'S AADHAAR NO:
XXXXXXXX6007

బిడ్డ జన్మించినపుడు తల్లిదండ్రులు చిరునామా / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
1-8-859 STREET NO 374 , BEHIND RTC KALYANAMANDAPAM LANE , ACHAIAH NAGAR NALLAKUNTA,
RTC CROSS ROAD, GHMC, , MUSHEERABAD, HYDERABAD, TELANGANA- 500044

తల్లిదండ్రులు యొక్క స్థిరనివాసపు చిరునామా/ PERMANENT ADDRESS OF PARENTS:

1-8-859 STREET NO 374, BEHIND RTC KALYANAMANDAPAM LANE, ACHAIAH NAGAR NALLAKUNTA,
RTC CROSS ROAD, GHMC, MUSHEERABAD, HYDERABAD, TELANGANA- 500044

నమోదు సంఖ్య / REGISTRATION NUMBER:
B-2019: 28-90032-016884

నమోదు తేది / DATE OF REGISTRATION:
31-12-2019

విశేషాంశములు / REMARKS (IF ANY):
—

జారి చేసిన తేది / DATE OF ISSUE:
31-12-2019

జారి చేసిన అధికారి సంతకం / ISSUING AUTHORITY :

(జనన మరణ రిజిష్ట్రార్)
REGISTRAR (BIRTH & DEATH)

MUNICIPAL CORPORATION VIJAYAWADA

UPDATED ON :
31-12-2019 00:00:00

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" ప్రతి జననము, ప్రతి మరణము తప్పకుండా 21 రోజులలో నమోదు చేయండి " / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

GOTRU SIRISHA

SUBRAHMANYESWARA RAO GOTRU

09/05/1991

Permanent Account Number

BDSPG6695R

G Sirisha

Signature

यूनियन बैंक ऑफ इंडिया Union Bank of India

भारत सरकार का उपक्रम A Government of India Undertaking

आन्ध्रा Andhra कार्पोरेशन Corporation

जी. सिरीषा

नाम
Name : GOTRU SIRISHA

कर्मचारी क्र.
Employee No. : 762675

रक्त नमूना
Blood Group : B -ve

जन्म तिथि
Date of Birth : 09-05-1991

धारक का हस्ताक्षर
Staff Signature

जारीकर्ता प्राधीकारी
Issuing Authority