CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number (Mandatory for KYC update request)
Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)		GOTRU	SIRISHA	
Maiden Name (If any*)				
Father / Spouse Name*		GOTRU	SUBRAHMANYESWARA RAO	
Mother Name*		DOVA	BABU SAROJINI	

Date of Birth* 09 05 1999

PHOTO

Gender* ☐ M- Male ☑ F- Female ☐ T-Transgender

Marital Status* ☑ Married ☐ Unmarried ☐ Others

Citizenship* ☑ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☑ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☑ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

Signature / Thumb Impression* G Sirisha

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D M M Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date D D M M Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others please specify ☐ Simplified Measures Account - Document Type code

Address

Line 1* Flat No - 209 Kollipara Aruna Towers
Line 2 Beside Sai Mess, Gunadala
Line 3
City / Town / Village* Vijayawada
District* Krishna Pin / Post Code* 520008 State / U.T Code* ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) – Tel. (Res) – Mobile 8297679597

FAX – Email ID

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (**H**) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D M M Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ **7. REMARKS (If any)**

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date : D D – M M – Y Y Y Y Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name RAINBOW CHILDREN'S HOSPITAL

Code Door No. 3-6-2[illegible] Nilloufer,

Old MLA Quarters Road,

AP State Housing Board, Himayatnagar,

Hyderabad ,Telangana, 500029

[Institution Stamp]

GIPSA NETWORK-DECLARATION FORM

(To be filled by the Hospitals)

Rainbow Children's Medicare Ltd
H.No. 3-6-234, Himayatnaga
HYDERABAD – 500029

Name of the Hospital:.....Date of Admission: 21/07/2026

Address:.....

PATIENT NAME/INSURED NAME (BLOCK LETTERS): MASTER VALATHATI JOSHITH AGE/SEX 6 / Male

(To be filled by the Insured/policy holder/Attendant)

1. *Do you have an Insurance policy?* *YES/NO*

If yes, then please select: New India/ United India/ National Insurance/ Oriental Insurance/others

*Policy No*_____
TPA Name _____
TPA card No: _____

2. *Have you contacted TPA or Insurance Company for cashless facility?* *YES/NO*

3) Whether patient opted for Eligible Room Category under Policy: *YES/NO*

If No, then kindly mention the opted room category:**.....**

On my own option, I wish to avail above facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed tariff for the treatment. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed tariff for the treatment and balance amount will be borne by me / patient only.

I have also been explained that when room service of a category other than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me/ patient only

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Signature: G Sirisha
Name of the Patient/Patient's attendant:

Signature:.....
Name of the Hospital Representative &Hospital Seal:

Mobile No: 8297679597
E –Mail: sirisha.gotau@gmail.com
PAN / Form 60: BDSPG6695R
Aadhar Card Number: 9903 5196 5538