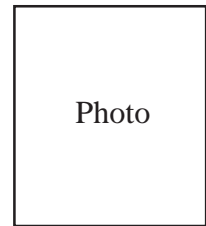


MALANKARA ORTHODOX SYRIAN CHURCH

Medical Insurance Proposal Form for Celibate Priests

Name of the Diocese:.....



Photo

Name (in Block letters).....

Priest

Address:

.....

..... Pin Code:

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Phone No.

Mobile No.

E-mail ID

Place:.....

Date:.....

For Office Use Only

Emp. Code

Date of Joining the Policy

Signature of Priest:.....