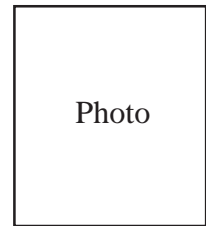


# MALANKARA ORTHODOX SYRIAN CHURCH

## Medical Insurance Proposal Form for Celibate Priests

Name of the Diocese:.....



Photo

Name (in Block letters).....

Priest

Address: .....

.....

..... Pin Code: 

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Date of Birth .....

Phone No. ....

Mobile No. ....

E-mail ID .....

Place:.....

Date:.....

### For Office Use Only

Emp. Code .....

Date of Joining the Policy .....

Signature of Priest:.....