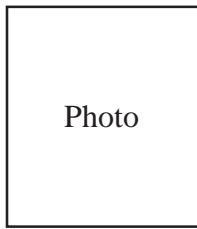


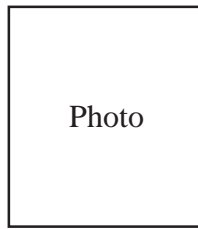
# MALANKARA ORTHODOX SYRIAN CHURCH

## Medical Insurance Proposal Form for Married Priests



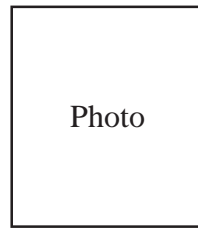
Photo

Priest



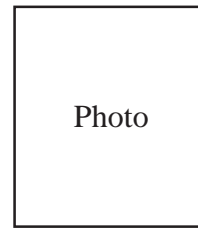
Photo

Spouse



Photo

Child - 1



Photo

Child - 2

Name of the Diocese:.....

		Name in Full (in Block letters)	Male/ Female	Date of Birth
1.	Priest			
2.	Spouse			
3.	Child - 1			
4.	Child - 2			

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:.....