



Application form for CHIRA –JEEWA Health Family:-

The applicant must be the leader of group.

- Applicant’s name with initials:
- Applicant’s membership number :
- NIC number: phone :
- Profession:
- Number of members in your CHIRA –JEEWA Health Family (maximum=08):
- Details of other members in group/family.

Name	Membership number	Age	Relationship	Signature
1-				
2-				
3-				
4-				
5-				
6-				
7-				
8-				

- Your family doctor’s name with initials :
- If he /she is a GOLD member of CHIRA – JEEWA mission his/her GOLD membership number
GM -
- I hereby agree to perform as the leader of my CHIRA JEEWA Health Family & to take the top responsibility of updating & maintaining health profiles of my family members. Further I understood the terms & conditions of CHIRA JEEWA Health Family. Therefore I will commit to motivate other family members of my group to follow CHIRA – JEEWA guidelines:

.....
Full signature of applicant (leader)

.....
Date

Office use only –

- Approved for above requirement
- Need more orientation
- Not suitable for C-J Health Family