



# VR ASSURANCE

MEDICAL DATABASE MANAGEMENT PVT. LTD

### APPLICATION FOR ASSOCIATE

Name of Candidate :

Date of Birth :

Father's Name/Husband's Name :

Correspondence Address :

Mobile No :

Email address :

10th Pass : Yes / No

Are you an Agent / POSP of any Insurance Company : Yes / No

Are you involved in any criminal case as accused : Yes / No

Have you been found insolvent by any Court of Law : Yes / No

I declare that all the details furnished above are correct to the best of my knowledge.

BM NAME :

BM CODE :

#### Date and Signature of Candidate

1. Aadhar Number :

2. PAN Card Number :

3. Bank Name :

4. Bank account Number :

5. IFSC Code :

Note: Send the scanned copies to [am.hr@vrassurance.com](mailto:am.hr@vrassurance.com)

Documents to be submitted

1. Aadhar Copy
2. PAN Card Copy
3. Cancelled cheque copy
4. 10th Pass Certificate Copy (Optional)
5. Copies of all other Qualifications (Optional)

Note: Send the scanned copies to [am.hr@vrassurance.com](mailto:am.hr@vrassurance.com)

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