

**INDIA HOME CARE MEDICINE**  
**BRANCHES : NAGPUR & KOLHAPUR**  
**OURS IS FEES FOR EACH AND EVERY SERVICE**  
**DEPOSIT FORM**

**(To Be Filled By Only That Person, Who Is Depositing The Sum For Services)**

Date :- 19/12/17

**Rules / Guidelines for Depositor :**

Understand Clearly, the following Refund Rules/Guidelines.

1. Please understand "Why You Are Depositing?", before making any Deposit.
2. Mention Clearly for which Service the Deposit is being given.
3. Understand Clearly : what your Service Package Includes? It is better to take everything in writing from the Company about the Service Package for clarity.
4. The Timing of Visits will be only between 9 am to 7 pm on Weekdays. No visit on Sundays/National Holidays.
5. There is NO NIGHT VISIT / NO URGENT VISIT / NO EMERGENCY VISIT facility under any plan. Our Geriatric Facility opens at 7 a.m. & closes at 7 p.m.
6. Depositor will get Refund only by PDC bet 30 days to 60 days in case of Death. In case of Disharmony refund will be made within 30 days after the Receipt of Refund Form. This form must be submitted in Writing from the depositor in our Bajaj Nagar Geriatric Facility.
7. Preferably avoid Cash Payment. Company services can accept payments by Credit / Debit Card, D.D., Cheque, Online or by NEFT /RTGS etc.
8. There must be an Authority Letter from the Depositor in case He/She leaves out of Nagpur/Kolhapur City.
9. Witness : to protect the Integrity/ Credibility of the Company & Services, each & every contract must be Witnessed by a Third Party agreeable to the Depositor & Company.

Please Note : Refund is our Strength & Policy. With the Experience of more than 27 yrs now. Company have Decided to Develop Discipline while Giving Refund. This Discipline is Applicable to all of us. Our aim is to make our Organization an Accountable Care Organization [ACO]. This will help to Develop a Bond of Trust between Geriatric Services & Elderly Patients in Home.

**DEPOSIT DETAILS**

I am willing to deposit Rs. \_\_\_\_\_ by [Write the mode of payment

\_\_\_\_\_]  
for my \_\_\_\_\_. I have gone through above guidelines carefully and have understood it's importance. I agree to all of them.

With Thanks!

Date :-

Witness

Place:

Name & Signature of Depositor