

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

(To be filled by only that person, who has deposited the sum for Services)

Date :- / /

BEFORE DEPOSITING : UNDERSTAND CLEARLY, THE FOLLOWING REFUND RULES/GUIDELINES, AVAILABLE ALSO ON WEBSITE [www.doctoraturhome.com], OTHERWISE PLEASE DON'T DEPOSIT.

Name of the Patient : _____

Rules / Guidelines for Refund :

Reason [s] of the Refund :

1. **REFUND REGISTER** : It's mandatory to sign on the Refund Register by physically coming in the office of India Home Care Services at 131, Bajaj Nagar, Nagpur. This is compulsory so that no one should take disadvantage of Home Care Services. Please Note this point.
2. **DEATH** : In case of Death, you will have to compulsorily inform about the death within 6 hours [by keeping Eye Donation in the Vision] of death. You will have to compulsorily give a hard copy of Death Certificate given by Nagpur Municipal Corporation. Then only you will be entitled for the refund amount. The amount will be refunded within 90 days to 180 days from the receipt of duly completed Refund Form. The final amount you will get after deducting all the charges those are explained before availing the services.
3. **DISHARMONY** : In case of disharmony with the services, the refund will be given only after filling this form by stating clearly the reason [s] of disharmony. This will help us to improve our services. The amount will be refunded within 60 days to 90 days from the filling of the Refund Form. The refund will only be done with the knowledge & permission of Witness. This is just to protect the Integrity/Credibility of our Company & Services.

Please State The Reason [s] :

- 1) _____
- 2) _____
- 3) _____

4. It is Mandatory to provide all the Receipts of Deposit, before asking for refund.
5. **10% amount from the TOTAL DEPOSITED AMOUNT** will be deducted towards accounting and administrative charges. Please Note this point.

BANK DETAILS FOR REFUND

I have deposited Rs. _____ on _____

by Receipt No. _____ in your India Home Care Medicine Services. I am providing my Bank Details for the Refund.

- Name of Account
- Account Number
- Banker
- Type of Account
- NEFT/RTGS IFSC CODE

With Thanks!

Date :-