

**APPLICATION FOR MAKING CONTRIBUTION TO AVAIL POST RETIRED MEDICAL  
BENEFITS  
(Be filled In Block Letters)**

Financial Year \_\_\_\_\_.

Employee code \_\_\_\_\_

1.	Name of the Employee		
2.	Last Post held/Pay Band		
3.	Date of Birth		
4.	Date of Retirement		
5.	Name of Spouse		
6.	Date of Birth of Spouse		
7.	Correspondence Address		
		Phone No. _____	Mobile No. _____
8.	Amount of Contribution	Rs. _____	
9.	Detail of contribution	Draft/Cheque No. _____	Date _____
		Name of Bank _____	
10.	Email Address.		

**DECLARATION**

1. Certified that I am not employed/employed with M/s.....  
..... and I am not in receipt of any medical benefits/allowance /reimbursement from any other sources.
2. Certified that I am not receiving any medical benefits/ allowance from any other sources.
3. Certified that my wife/husband is not employed in service anywhere.

OR

4. Certified that my wife/husband is employed and that she/he will not receive any medical allowance /reimbursement from her/his employer.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Dated \_\_\_\_\_

1. If employee/spouse is employed, please attach a certificate from the employer.
2. Strike off portion not application.