

The Divisional Manager (P)
DSIIDC,
N- Block, Bombay Life Building, Connaught Circus,
New Delhi-110001

I along with the members of my family whose particulars are given below may please be included in “Insurance Backed Cashless Medical Scheme” on payment of contribution on the basis of last pay drawn.

APPLICATION FORM FOR RETIRED EMPLOYEES

- 1. Name of Retired employee** : _____ **File No** _____
- 2. Designation (at the D.O.R)** : _____
- 3. E-mail I.D.** : _____
- 4. Date of Retirement** : _____
- 5. Residential Address** : _____

- 6. Mobile No.** : _____
- 7. Name of the bank & A/C No.** : _____
With address (add code no. also)
- 8. Last Pay Drawn** : _____
- 9. Scale of Pay** : _____

Details of dependants according to the definition of the family:-

Sr. No.	Name	Date of Birth	Relationship with the applicant
			Self

I shall abide by the rules and regulations and modification of the service rules issued from time to time.

I.....somenly affirm that I and my dependants whose names are given above are residing with me at the address mentioned at Sr. No.....

**I am depositing the contribution of Rs...../
(Rs.....) in the form of cash/cheque/Bank Draft No..... Dated..... Drawn onin favour of DSIIDC for the membership of Insurance Backed Cashless Medical Scheme.**

Dated :-

Signature of applicant

Name :- _____

Documents required :-

- 1. Photocopy of the last pay slip draw by the employee**
- 2. Group photo in triplicate (of self and dependents)**
- 3. Photo copy of the residential proof.**

**Please accept payment of Rs...../-
(Rs..... only)**

(Personnel Division)

CAO (HQ)

**Deposited Rs..... By cash/ cheque/DD No.
.....drawn on vide receipt
No..... on account of Insurance Backed Cashless Medical
Scheme.**

**Authorized Signatory
Central A/cs Section**