MEMBERSHIP FORM

INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

MEDICAL FACILITIES AFTER RETIREMENT OF THE EMPLOYEES (MEDIFARE) SCHEME MEMBERSHIP-CUM-OPTION FORM FOR REGULAR EMPLOYEES

(For all serving regular employees of the Institute who are on the rolls of the Institute on 01.04.2007 or thereafter)

Employee No

1. Name of employee :
2. Designation : Department/Centre/Unit :
3. Date of Birth : Date of Joining :
4. Probation period : From To
5. Entitled Family Member : **(a) Details of living Spouse (b) Handicapped dependent**

# Children, if any

|  |  |  |
| --- | --- | --- |
| 6 | Name  Date of Birth  Relationship Present Address | :  :  :  : |
|  |  | PIN |
| 7. | e-mail ID (if any) | : |
| 8. | Telephone/Mobile No | : /(Mob.) |

1. Name & address of Bank (Same as for salary):
2. Bank A/c No. (Same as for Salary):

I, (name) working in the Institute on the

post of hereby opt for Medical Facilities after Retirement to the Employees of the Institute (MEDIFARE) Scheme. I have read the terms of references and other details of the MEDIFARE Scheme contained in the Medifare Booklet, which are acceptable & binding to me. I also agree to abide by for any change/ or modification in the Scheme. Accordingly, I hereby authorize the A.R. (Finance) to deduct the monthly contribution from my salary and agree to pay the balance lump sum amount in four equal installments.

# P.T.O.

Signature

Photograph (Handicapped child)

Photograph (Spouse)

Photograph (Self)

Name

Date

Place

Self Spouse (Handicapped Child)

For the Use of Establishment ‘A’/‘B’ Checked & found correct/noticed following shortfall.

|  |  |  |
| --- | --- | --- |
| **Dealing Assistant** | **Superintendent** | **Assistant Registrar** |
|  | **Estt.(A)/Estt.(B)** | **Services** |
|  | Forwarded to Hospital/Accounts Section |  |

# Asstt. Registrar (Medifare Cell)