

(CODE-'RE')

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
FORM FOR RETIRED EMPLOYEES OPTING MEDICAL INSURANCE SCHEME

Deadline:-15th April, 2014

My details are furnished below:-

1. Name of Retired Employee : _____

2. Retired Employee Key No. PF No.

3. Details of retired employee and spouse.

S.No.	Name of covered Retired Employees/Spouse	Relationship	Date of Birth	Completed Age in years as on 31 st March 2014.
1.		Self		
2.		Spouse		

4. Present Address : _____

_____ PIN: _____

5. E-mail ID (if any) : _____

6. Telephone No. : _____ / (Mob.) _____

7. I would like to be a member of New Medical Insurance Scheme of the Institute and agree to abide by the terms and conditions as in the office order no. IIT/DOFA/ACS/2013-14/440 dated March 3, 2014.

Signature: _____
Name : _____
Date : _____

Witness:-

Signature: _____
Name : _____
Date : _____

Above Details has been verified

Assistant Registrar (F&A)/Deputy Registrar (F&A)

(Completed form may please be submitted in the Pension Office)