

(CODE-'PE')

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

Deadline:-15th April, 2014

My details are furnished below:-

1. Name of Employee : _____
2. Employee PF No. : _____
3. Details of employee and his/her dependants.

S.No.	Name of covered Employee and Dependants	Relationship	Date of Birth	Completed Age in years as on 31 st March 2014.
		Self		

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/2013-14/439 dated March 3, 2014.

Signature: _____
Name : _____
Date : _____

Above Details has been verified

Assistant Registrar (Admin)/Deputy Registrar (DOFA)

{Completed form may please be submitted in the Administration Section (For Non-Academic Staff) and Office of Faculty Affairs (For Academic Staff)}