

**MEDICAL AID SCHEME FOR THE ACHENS/SABHA OFFICE STAFF AND THEIR FAMILIES**

Name of the Applicant (Achen/Staff) :

Present/Permanent Address :

Parish/Office Address :

P.F. Account Number :

Telephone/Mobile Number :

Details of the family members (Family means Achen/Staff, Spouse, up to 4 unmarried/dependent children. If children are employed, do not include their names)

SI No	Name	Age	M/F	Relation with the Applicant	Existing illness if any
1					
2					
3					
4					
5					
6					

Annual subscription amount remitted for the period from 1st October 2011 to 30th September 2012

Rs..... (Rupees.....) only.

The information given above is true to the best of my knowledge.

I have read and understood the amended rules regarding the Medical Aid Scheme for Clergy & Sabha Office Staff and their families and agree to abide by them.

Place :

Date :

Name & Signature of the Applicant

**FOR SABHA OFFICE USE ONLY**

Application recommended & forwarded on .....

Payment made on ..... by .....

Covering period of this scheme : 1st October 2011 to 30th September 2012

Medical Aid Scheme No .....

<b>Annual Subscription Rs 4000/- (Rs. 2,000/- from Clergy / Staff and Rs. 2,000/- from Parish /Institution) Retired and Incapacitated Achens need to pay Rs. 1,500/- only.</b>
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