

MALANKARA MAR THOMA SYRIAN CHURCH

APPLICATION FOR JOINING MEDICAL AID SCHEME FOR CLERGY

AND THEIR FAMILIES AS PER AMENDED RULES (2015)

Name of the Applicant (Clergy) :

Parish/Office Address :

Permanent Address :

P.F. Account Number :

Telephone/Mobile Number :

Details of the family members (Refer Section 4 under Definitions in the Rules)

SI. No.	Name	Relation with the Applicant	Age	M/F	Employed / Unemployed / Retired	Salary/Pension p.m.
1	Rev.	SELF				
2						
3						
4						
5						
6						

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

I have read and understood the amended rules (2015) regarding the Medical Aid Scheme for Clergy and their families and agree to abide by them. I undertake that I shall pay the subscription as laid in the rules.

Place :

Date :

Name & Signature of the Applicant