

APPLICATION FOR DONATION TO MEDICAL AID SCHEME

Date: / /2011

The Chairman
 AIUCBOF Welfare & Benevolent Trust
 Flat 1-B, 1st Floor
 1-B Apurba Mitra Road,
 Kolkata – 700 026

Dear Sir,

I am a member of the Trust and my Membership Number is...../...../...../.....

I read the Medical Aid Scheme of the Trust and shall abide by the rules of the said scheme.

I agree that the decision of the Trustees in the matter of providing medical aid to the members and the dependents, shall be final and no member shall have any vested right to the Trust Fund or dispute the decision of the Trustees, regarding the quantum of Reimbursement provided by the Trust.

I wish to donate Rs. to the Trust towards Medical Aid Corpus Fund, vide DD / Pay Order No.....dated.....drawn by UCO Bank..... Branch, drawn on UCO Bank..... Branch, **KOLKATA** which may please be accepted. Kindly send me the Receipt for the donation made, at your earliest.

Yours faithfully,

(Signature)

Name :
 (In Block Letters)

PFM No. :

Present Branch/Office:
 (Not applicable for Retired Member)

Encl.: DD

Permanent Address:

Particular of dependents as per Bank's Scheme for hospitalisation reimbursement (spouse, dependent children and dependent parents in case of serving member) and spouse only in case of Retired Member.

Sl. No.	Name	Relationship	Details of Preexisting disease/Injury, if any
1		SELF	
2			
3			
4			
5			