

The Chairman
AIUCBOF Welfare & Benevolent Trust
Flat 1-B, 1st Floor,
1-B, Apurba Mitra Road,
Kolkata – 700026.

Dear Sir,

I am a member of AIUCBOF Welfare & Benevolent Trust and my Membership No. is

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I read the Medical Aid Scheme of the Trust and wish to remain in the scheme until I revoke in writing to discontinue from the scheme. I shall abide by the rules of the Medical Aid Scheme of the Trust and the amendments and changes made thereto from time to time.

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 medical aid amount provided by the Trust.

I hereby furnish the particulars of dependents as per Bank's Scheme for hospitalization reimbursement (Spouse, dependent children and dependent parents only) which is valid till any additions / deletions are made by me in writing to the Trust:-

Sl.	Name	Relationship	Details of pre-existing disease / injury, if any

I shall donate the amount decided by the Trust for each Financial Year to the Medical Aid Corpus Fund and for this purpose I have authorised AOUCB Benefit Fund, 10 B. T. M. Sarani, Kolkata-700001 to effect the payment of donation amount on my behalf. The receipt for donation should be made in my name only and may be dispatched to me at the following address:

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I hereby declare that the above contents shall remain valid till further changes, if any, are made in writing by me.

Yours faithfully,

(Signature)

Kolkata
Date:

Full Name:
PFM No:

APPLICATION FOR LOAN

MEDICAL AID SCHEME

AOUCB Benefit Fund
10, B T M Sarani
Kolkata - 700 001.

Loan Sanctioned: Rs.....

Dated:.....

Dear Sir,

I beg to apply for enrolment of myself including dependent Spouse/Children/Parents as detailed below with the Medical Aid Scheme of the AIUCBOF Welfare & Benevolent Trust, Kolkata and I have read the Rules and undertake to abide by all the Rules to be Framed under the said scheme from time to time till I withdraw my enrolment from the said Scheme.

I authorise you to act on my behalf all acts necessary for remittance of donation to the scheme as decided by the AIUCBOF Welfare & Benevolent Trust in the month of April each year till I revoke the enrolment from Medical Aid Scheme of the said Trust.

I hereby request you to sanction me loans for current as well as subsequent years towards payment of donation to the said Medical Aid Scheme and remit the donation to AIUCBOF Welfare & Benevolent Trust.

This application is valid till I revoke and withdraw from the scheme.

Sl.	Name	Relationship	Details of pre-existing disease/ injury if any

1. Name :
2. Permanent Address :
3. Membership No. :
4. P.F.M. Number :
5. Purpose of the Loan : Donation to Medical Aid Scheme of AIUCBOF Welfare & Benevolent Trust.

.....
(Signature)

P.F.M No.

Dated:.....