FORM NO. XLIII (See Rule 287) APPLICATION FOR MEDICAL BENEFIT

- 1. Name & Address of applicant
- 2. Age and Date of Birth
- 3. Registration No.
- 4. Date of payment of 1st subscription Amount & Name of Bank
- 5. Date of payment of last subscription
- 6. Total amount remitted
- 7. Details regarding disease/surgery
- 8. Disability if any, due to disease or surgery
- 9. Period of treatment as inpatient in Government Hospitals (date of admission in the hospital and Date of discharge)
- 10. List of documents submitted
- 11. Details of medical benefits received if any before

The facts mentioned above are true to my knowledge and information.

and the first starting of the second starting of the second starting start

ALL REAL

montagned might appear of true the Bhard fliss region secretary in this regard els. To

Place :

Name & Address of Applicant.

30
