

# FORMAT FOR REGISTRATION OF "EMPLOYEE HEALTH SCHEME"

PPO No : 

--	--	--	--

Mode of Pension : Superannuation / Family

Name of the Pensioner


Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation at time of retirement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth :

D	D	M	M	Y	Y	Y	Y

Date of Joining :

D	D	M	M	Y	Y	Y	Y

Date of Retirement :

D	D	M	M	Y	Y	Y	Y

Date of Death of the Employee (in case of Family Pension):

D	D	M	M	Y	Y	Y	Y

Mobile No (Mandatory) :

E Mail ID (Mandatory) :

Residential Address :

---

---

---

---

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

**SIGNATURE OF THE APPLICANT**

All the Pensioners are requested to fill the enclosed "format for registration of Employee Health Scheme" and submit the same to the Superintendent, A-VIII Section on or before 05-06-2020.

**ASSISTANT REGISTRAR(FIN)**