

APPLICATION FORM FOR MEDIFARE CARD IN RESPECT OF RETIRED EMPLOYEE

1. Coloured photograph of Self & Spouse Separately (*Passport Size*)
2. Card No. (*To be filled up by the office*):
3. Medifare Membership No. (*To be filled up by the office*):.....
4. Name (*Self*) :
(*CAPITAL LETTERS*)
5. Pensioner No. :
6. Designation :
7. Department :
8. Date of Retirement :
9. Name (*Spouse*) :
(*CAPITAL LETTERS*)
10. Name of Disabled Child (*if any*) :
(*CAPITAL LETTERS*)
11. Permanent Address :
.....
12. Telephone No../Mob. No. :
13. e-mail ID (if any) :
14. Bank Name & Account No. :

15. Signature:
(in Black Pen)

Photo
Self

Photo
Spouse