

## APPLICATION FROM RETIRED STAFF FOR ANNUAL MEDICAL AID.

The Asst. General Manager  
Indian Bank, CO: HRM Department  
254-260, Avvai Shanmugam Salai  
Royapettah, Chennai 600014.

Submitted thru'  
..... Branch.

Dear Sir,

I request you to grant me the Annual Medical Aid as per the scheme for GRANT OF **ANNUAL MEDICAL AID TO RETIRED STAFF** of our Bank. The required details are given below:

1. Name of the Retiree		2. S.R No	
3. Designation at the time of retirement		4. Date of Birth	
5. Branch/Dept at which last worked		6. Date of Retirement on superannuation	
7. SB A/c No		8. Branch: where a/c is maintained	
9. Address	Present/ Permanent	10. Mobile No:	E Mail ID
11. Year of Claim		Total Amount Claimed	Rs
<b>Declaration by the Retiree</b>			
<p>I hereby declare that I retired from the Bank on superannuation and the particulars given above are correct. I hereby declare that I have incurred the following expenses for self and family and request you to reimburse the same as per rules.</p> <p style="text-align: right;">Consultation Fees: Rs _____</p> <p style="text-align: right;">Cost of Medicines: Rs _____</p> <p style="text-align: right;">Rs _____</p>			
Date:		Signature of the Retiree:	
<p>Certified that the applicant is maintaining SB account with our Bank. Application details are entered in HRM online portal</p>			
Date	Branch Seal	Signature of Branch Manager	

===== ✂ ===== ✂ ===== ✂ =====

<b><u>ACKNOWLEDGEMENT</u></b>	
Received Application for Grant of Medical Aid for Retirees from	
Mr/Mrs/Ms _____	S R No: _____
on _____	
Branch Seal:	Signature of ABM / Branch Manager