



**APPLICATION FOR ANNUAL MEDICAL AID**  
**Under Staff Welfare Scheme for Retired Employees**

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	
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/VRS 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: center;">Consultation Fees: Rs</p> <p style="text-align: center;">Cost of Medicines: Rs</p> <p style="text-align: right;">Rs _____</p>			
Date:		Signature of the Retiree:	
Certified that the applicant is maintaining SB account with our Bank.			
Date	Branch Seal	Signature of Branch Manager	