

# CHECKLIST

## Group Medical Insurance Declaration

1. Full Name of the Employee : Batepalage Udeshi Magdalina Perera
2. Date of Birth (DD/MM/YYYY) : 22/07/1995
3. Gender : ~~MALE~~ / FEMALE
4. Present Address : No.8A, Horne Castle waththa, Behind Kanuwana church, Ja-ela
5. Contact Number : +94 77 0081933
6. Employment Id Number :
7. Tier : 4
8. Place of Employment : Virtusa Private limited, Sri Lanka

### PARTICULARS OF PARENTS DEPENDENTS

S.No	Name	Relationship	DOB (DD/MM/YYYY)	Age	Blood Group
1	B. Camillus J. Perera	Father	01/09/1958	62	O+
2	P.T.M. Priyanthi Fernando	Mother	03/10/1960	60	O+

I hereby declare that the particulars stated above are true to best of my knowledge.

18/11/2020  
Date:

*B. Perera*  
Signature of the Employee