**APPLICATION – MEDICAL FORMAT FOR POST 2007 RETIRED EMPLOYEES OF MIDHANI**

1. Full Name :
2. Father Name :
3. Staff No. :
4. Date of Birth (Age as on date) :
5. Designation at the time of :

Retirement / Death

1. Department at the time of :

Retirement / Death

1. Spouse Name :
2. Spouse Age / Date of Birth

(Age as on Date)

1. Present address for :

Communication

1. Permanent Address :
2. Phone No. Land Line/Mobile No. :
3. E-mail ID if any :
4. Date of Retirement / Separation :

Due to death

1. Details of Demand Draft :

Name of Bank & Branch, Demand

Draft No & Date Drawn on Amount

1. Photographs enclosed (2 No’s) :

Self and Spouse

Note : Age Proof should be enclosed, 2 Nos of Passport size photos (Self & Spouse) to be enclosed. Photos rear side signature. If an retired employee is a existing member in medical scheme (photos and age proof ) need not be submitted.

Date : Signature of Retired Employee

Place : Signature of Spouse

DD In Favour of : “ **Midhani Employees Defined Superannuation Medical Schemes Trust”**