



Membership No.
(for office use only)

NATIONAL INSURANCE TRUST FUND BOARD

AGRAHARA MEDICAL SCHEME FOR SEMI GOVERNMENT EMPLOYEE

1. Name in full including Full name with surname:
2. Personal Address:
3. National Identity Card No:
4. Present Position:
5. Contributors Contact No. Mobile: Office:
6. Institute name:
7. Official Address:
8. New Insurance scheme which willing to subscribe:
Silver Scheme ☐ Gold Scheme ☐
09. I hereby give my consent to join the above new insurance scheme also, I give my consent to deduct Rs..... as the monthly premium of the scheme.
Date: Signature of applicant:
10. I recommend that Mr./Mrs./Miss: whom details given above for the new Insurance Proposal Gold Scheme and confirm that the relevant installment sum (Rs.1000/=) Recovered from his/her salary and credit to the Account of National Insurance Trust Fund Board.
Name of the head of institution
Position
Signature: Date: