

FRESH/GAP CASE ENROLMENT CHALLAN FORM		FRESH/GAP CASE ENROLMENT CHALLAN FORM		FRESH/GAP CASE ENROLMENT CHALLAN FORM	
 (SAIL BSP's copy) STATE BANK OF INDIA Challan for Payment of Mediclaim Premium for the period 11-July-2026 to 10-July-2027 Power Jyoti Account No.of SAIL - BSP : 32549519300 Sector-1 Branch, Bhilai (C.G.) IFSC SBIN0000330		 (Depositer's copy) STATE BANK OF INDIA Challan for Payment of Mediclaim Premium for the period 11-July-2026 to 10-July-2027 Power Jyoti Account No.of SAIL - BSP : 32549519300 Sector-1 Branch, Bhilai (C.G.) IFSC SBIN0000330		 (Bank's copy) STATE BANK OF INDIA Challan for Payment of Mediclaim Premium for the period 11-July-2026 to 10-July-2027 Power Jyoti Account No.of SAIL - BSP : 32549519300 Sector-1 Branch, Bhilai (C.G.) IFSC SBIN0000330	
(To be filled by the applicant)		(To be filled by the applicant)		(To be filled by the applicant)	
Employee's Name: _____		Employee's Name: _____		Employee's Name: _____	
P. No. : _____		P. No. : _____		P. No. : _____	
Date of Birth : _____		Date of Birth : _____		Date of Birth : _____	
Spouse's Name: _____		Spouse's Name: _____		Spouse's Name: _____	
Date of Birth : _____		Date of Birth : _____		Date of Birth : _____	
Rs.		Rs.		Rs.	
Mediclaim Premium		Mediclaim Premium		Mediclaim Premium	
Bank Charge		Bank Charge		Bank Charge	
Total		Total		Total	
Rupees in words _____		Rupees in words _____		Rupees in words _____	
_____		_____		_____	
(To be filled by Branch)		(To be filled by Branch)		(To be filled by Branch)	
Branch Name : _____		Branch Name : _____		Branch Name : _____	
Branch Code : _____		Branch Code : _____		Branch Code : _____	
Journal No. : _____		Journal No. : _____		Journal No. : _____	
Date of Deposit : _____		Date of Deposit : _____		Date of Deposit : _____	
Signature of Remitter : _____		Signature of Remitter : _____		Signature of Remitter : _____	
Signature of Authorised Officer of SBI Branch with seal _____		Signature of Authorised Officer of SBI Branch with seal _____		Signature of Authorised Officer of SBI Branch with seal _____	

Branch should fill the Branch Name, Branch code, Journal No. and Date of Deposit and hand over the duly signed, SAIL-BSP copy and Depositor's copy to the Depositor.