




FRESH/GAP CASE/FIRST TIME ENROLMENT CHALLAN FORM	FRESH/GAP CASE/FIRST TIME ENROLMENT CHALLAN FORM	FRESH/GAP CASE/FIRST TIME ENROLMENT CHALLAN FORM
 (SAIL BSP's copy) STATE BANK OF INDIA Challan for Payment of Mediclaim Premium for the period 11-July-2023 to 10-July-2024 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-2023 to 10-July-2024 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-2023 to 10-July-2024 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.