Application for Fresh Enrolment under SAIL Mediclaim Scheme (w.e.f. 11th July, 2024 – 10th July, 2025)

													1														
Name of Employee														SAIL Personnel No.													
Unit from where retired]	Place of Last Posting							Designation and gra last held														
Date of Separation					Claim C				tre KOLKATA			CHENNAI DELHI			BHILAI DURGAPUR			PUR									
	Ι	D	Μ	М	Y Y	Y	Y	(on	ly for Enr	olment)	ROURK	ELA	BOKAR	0	SALEM	AS.	ANSOL										
Name of Member																											
Date of Birth							C	Gende	r (M/F)																		
	D D	M M	Y	Y Y	Y																						
Name of Spouse																											
Date of Birth					Gender (M/F)							Please affix recent			р	Please affix recent											
D D M M Y Y Y Y			Y								photograph of			photograph of spouse													
Address													member			r8rr											
			г г				1								1 1					1							
Pin Code					Phone	e						(Cell														
Email ID									A - 11-	NI ((C																
											Spouse)																
(for fresh enrolments only) D D M M					M Y	Y Y Y Number of Members																					
Premium for base policy Employee (Rs.)					Premium for base Policy Spouse (Rs.)								Total Premium (Rs.)														
Whether opting for higher room rent* (Yes/No):								r highe Self	r				Premium for higher room rent Spouse														
Whether Super Top Up If yes, Threshold				old	room rent Self						nsured Rs. (in lakhs)																
Required (Yes/No):Rs. (in lakhs)Premium for Super Top					Premium for Super Top						surea r	(s. (m	,	ium for	Supe	r Tor											
Up Sum Employee (Rs.)			Up Sum Spouse											Premium for Super Top Jp Sum Both (Rs.)													
Grand Total Premium (Including premium of Base				Base po		-	-		1	iper Top	up)																
Nominee of Employee					^								lation with Employee														
Nominee of Spouse												Relat	lation with Spouse														
ECS Details					Employee							Spouse															
Name of Account H	[older																										
Name of Bank																											
Branch Name																											
Branch Address																											
Type of Account (<i>tick</i>)						Savings Bank								С	urrent D	Deposi	it										
Member Account No.										MICR Code																	
Member Account N		Spouse Account No.									MICR C	Code															
Spouse Account No																			MIN No. Member								
												MIN	No. M	ember													
Spouse Account No													No. M No. Sp														
Spouse Account No IFSC Code Member																											
Spouse Account No IFSC Code Member). r	motur	a of l	Jamba								MIN	No. Sp	ouse	Spouse												
Spouse Account No IFSC Code Member IFSC Code Spouse). r	gnatur	e of l	vlembe	r							MIN	No. Sp		Spouse												
Spouse Account No IFSC Code Member IFSC Code Spouse Payment Details). r	gnatur	e of l	Vembe	er		Amou	nt (Rs	5)			MIN	No. Sp	ouse	Spouse												
Spouse Account No IFSC Code Member IFSC Code Spouse). r	gnatur	e of l	Membe	er			nt (Rs	/			MIN	No. Sp	ouse	Spouse												
Spouse Account No IFSC Code Member IFSC Code Spouse Payment Details Cheque / DD / Challan No Members to Note	s. r Sig					D)rawe	e Bar	ık			MIN	No. Sp Signat	ture of s	<u> </u>												
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THE ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.