

ANNEXURE- III – For Group Medclaim Insurance Scheme 2024-25
(For Retired members)

(No change/modification in the annexure is allowed)

To, Finance Dept., C-DAC (T)

Sir,

I wish to be covered by the **Mediclaime Insurance Scheme** of the Centre, for the period **2024-2025** for which the details are as follows:

1. Name :
2. Date of Birth :
3. Address :

4. Contact No. :
5. Whether member of existing
Mediclaime Insurance Scheme of Centre : **Yes/No**
6. Earlier Staff ID No. of CDAC :
7. Details of Spouse (Name & Date of Birth) :
8. Sum Insured opted
(Whether Rs.1 L, Rs.2 L, Rs.3L, Rs.4 L or Rs.5 L) :
9. Details of premium amount paid to Centre :

Date of Cheque/Transfer	Cheque No/ UTR details	Name of Bank	Amount

(In case, money is transferred by Google pay, Phone pay etc., screen shot of the same may be mailed to jayapalan@cdac.in) :-

A/c No - 40192010001757
IFSC – CNRB0014019 (Canara Bank)
C-DAC, Thiruvananthapuram

DECLARATION

I.....hereby declare that the details mentioned in this Annexure-III are genuine and correct in terms of the spirit and objective of the policy covered, and also agree to produce the documents needed to prove the same as and when required for the purpose.

I..... do hereby give my willingness to join this Mediclaime Insurance Policy of the Centre and enclosed herewith the premium amount as per the details mentioned above.

Date:

Signature of member

Witness (Name, Signature with date)

Shri/Smt