**ANNEXURE- II (For Retired Members)**

Manager & Head (Finance)

C-DAC (T)

Sir,

I wish to be covered under Centre’s Group Personal Accident Insurance Policy for the year **2024-25** for which, my details are as follows:

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

1. Contact No. :
2. Earlier Staff ID No. of CDAC :
3. **Details of Spouse:**
	1. Name **:**
	2. Date of Birth **:**
	3. If employed (Yes / No) **:**
	4. Name of office / organization **:**
	5. Monthly Gross Pension **:**
4. Sum Insured opted (Table IV)

 **(a) For Member :**

 **(b) For Spouse :**

1. **Details of premium amount paid to Centre:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Cheque No/ UTR No.\*** | **Name of Bank** | **Amount** |
|  |  |  |  |

 **\***Account Details for chalan/ online remittance :- **A/c No - 40192010001757**

 **IFSC – CNRB0014019 (Canara Bank)**

 **C-DAC, Thiruvananthapuram**

 NB:- Please mention Applicant’s **Name & ‘GAI 2024-25 ’** in payment note if remittance is

 carrying out through Google pay/ Phone pay/ Paytm etc.

1. **Details of Nominee**

|  |  |  |
| --- | --- | --- |
| **In the event of****death of:** | **Name of Nominee** | **Nominee’s relationship with staff member** |
| Self |  |  |
| Spouse |  |  |

**DECLARATION**

I……………………………………………….hereby declare that the details mentioned in this Annexure-II 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 Group Personal Accident Insurance Policy of the Centre and enclose herewith the premium amount as per the details mentioned above.

Dated at Trivandrum this ……day of **March 2024.**

 **Signature of member**

**Witness (Name, Signature with date)**

**Shri/Smt ………………………………………….**