

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 :

4. Contact No. :
5. Earlier Staff ID No. of CDAC :
- 6. Details of Spouse:**
 - a. Name :
 - b. Date of Birth :
 - c. If employed (Yes / No) :
 - d. Name of office / organization :
 - e. Monthly Gross Pension :
7. Sum Insured opted (Table IV)
 - (a) For Member** :
 - (b) For Spouse** :
- 8. 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.

9. 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 thisday of **March 2024**.

Signature of member

Witness (Name, Signature with date)

Shri/Smt