

**ANNEXURE- III (For Retired members)**  
**(No change/modification in the annexure is allowed)**

JD & DH (Finance)  
C-DAC (T)

Sir,

I wish to be covered by the **Mediclaim Insurance Scheme** of the Centre, for the period 2020-21 for which the details are as follows:

1. Name :
2. Date of Birth :
3. Address :
  
4. Contact No. :
5. Whether member of existing  
Mediclaim 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.3 L ,Rs.4 L or Rs.5 L):
9. Details of premium amount paid to Centre :

Date	Cheque No.	Name of Bank	Amount

**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 Mediclaim Insurance Policy of the Centre and enclosed herewith the premium amount as per the details mentioned above.

Dated at Trivandrum this .....day of **June 2020**.

**Signature of member**

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

**Shri/Smt .....**