

<b>WITHOUT DOMICILIARY</b>		<b>✓ (Tick mark the option)</b>
<b>WITHOUT DOMICILIARY WITH SUPER TOPUP</b>		

The Asstt. General Manager  
 Oriental Bank of Commerce  
 Establishment Deptt.,  
 Corporate Office, Plot No – 5  
 Institutional Area, Sector – 32  
**Gurgaon- 122001**

Date: \_\_\_\_\_

<b>PF NO.</b>						
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Dear Sir

**MEDICAL INSURANCE SCHEME FOR RETIREES: WITHOUT DOMICILIARY**

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees as being implemented in Bank in terms of 10th Bipartite Settlement / Joint Note dated 25.05.2015. I am willing to avail of the facility of Medical Insurance Scheme and agree to pay the annual Insurance Premium for the year 2019-20, which has been decided by the United Insurance Company from time to time. The particulars of my spouse and myself are as under:

S.No..	Name	Relationship	Date of birth	Gender	Photograph
		Self			
		Spouse			

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme except what is admissible /payable by the Insurance Company.

Yours faithfully,

Signature /Name in Full:

Designation (at retirement):

Place of last posting:

Present Residential Address:

E-mail:

Mobile/Landline No.:

Amount paid:

Date:

Tran No.

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