

ANNEXURE- I

Date: _____

The Asstt. General Manager
Oriental Bank of Commerce
Establishment Deptt.
Corporate Office
Plot No.2, Institutional Area
Sector-32
Gurgaon-122001

Dear Sir,

MEDICAL INSURANCE SCHEME FOR RETIREES.

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees proposed to be implemented in Bank in terms of Xth Bipartite Settlement / Joint dated 25.05.2015. I am willing to avail of the facility of Medical Insurance Scheme and agree to pay the annual Insurance Premium as may be 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			Photograph of Self
		SPOUSE			Photograph of 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) :

P.F. No. :

Place of last posting :

Present Residential Address :

E-mail :

Mobile / Landline No. :