

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

Date_____

Dear Sir,

MEDICAL INSURANCE SCHEME FOR RETIREES

Further to my letter dated, conveying my willingness to avail the facility of Medical Insurance Scheme for Retirees in terms of Bipartite Settlement / Joint Note dated 25.05.2015, I hereby submit photographs of myself and my spouse for issuance of Membership / Identity Card by the TPA / Insurance Company.

I understand that only I and my spouse are covered under this scheme.

S.No	Name	Relationship	Date of birth	Photograph
		SELF		Photograph of Self
		SPOUSE		Photograph of spouse

Yours faithfully,

Signature :

Name in full :

Designation (at retirement) :

P.F. No. :

Place of last posting :

Present Residential Address :

E-mail :

Mobile / Landline No :