DO NOT APPLY WHITENER, IF APPLIED FORM WILL BE INVALID ECCS 124

SOUTH CENTRAL & SOUTH COAST RAILWAY EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.

SAHAKARA BHAVAN, HIMMATNAGAR, SECUNDERABAD - 500 003.

APPLICATION FOR SANCTION OF MEDICAL AID

To,
The Secretary / CEO,
SC & S Co.Rly. ECCS LTD. (Welfare Fund)
Secunderabad - 500 003.

I, the undersigned share holder request you to please sanction me necessary assistance from the above fund, as I am one falling under the categories mentioned in the objects of the Fund.

1. Name (in Block Letters) : _____
   S/o. W/o. H/o. : _____
2. Designation : _____ 3. Department _____
4. Office : _____ 5. Station _____
6. Date of Birth : _____ 7. Date of Appointment _____
8. Basic Pay : _____
9. P.F. Account No. : _____ 10. CMTD A/c. No. _____
11. Home Address : _____
   _____
   Personal WhatsApp Mobile No. _____
12. For whom Aid is applied for : _____
   (Whether for self or family dependent) _____
13. Purpose for which Aid is applied of _____
   with brief particulars of illness etc., _____
   Name of the Disease : _____
14. Whether any assistance is received from any other fund. : _____

I declare that if the particulars furnished above are proved to be false at a later date, I am liable to be debarred from availing the benefits of the Society in addition to disciplinary action being taken by the Administration.

SIGNATURE OF THE BORROWER
(LTI / Capital Letter / Vernacular Signature other than Hindi / English to be attested)

Place: Attested by _____

Signature _____

Date: Designation with Office Seal _____

WITNESSES

1. Signature _____
   _____
   (Name in block letters)
   Designation _____
   Department _____
   Station _____

2. Signature _____
   _____
   (Name in block letters)
   Designation _____
   Department _____
   Station _____

I certify that the particulars mentioned by the applicant are to the best of my knowledge and deserve consideration.
Forwarded to the C.M.O. / M.S. / D.M.O. for further disposal.

Place: Signature of the Controlling Officer

Date: OFFICE SEAL

FOR MEDICAL OFFICER USE ONLY

(To be filled by Railway Medical Officer for Railway Employees and Government Civil Surgeon for Societys' Staff)

Signature of Medical Director
with Office Seal

FOR OFFICIAL USE OF THE SOCIETY ONLY

Name _____ Designation _____

CMTD No. _____ Department _____ Station _____

Whether a Shareholder _____ Disease _____

Whether Recommended by Medical Officer _____

Whether any aid was sanctioned previously _____

CLERK (Welfare fund) O.S. I.A. SECRETARY / CEO

Sanctioned Rs. _____ towards Relief from the Welfare Fund Aid for Self/Family/Dependent.

MEMBER
(Welfare Fund Committee)

CHAIRMAN
(Welfare Fund Committee)

NOTE: MEDICAL AID WILL BE SANCTIONED ONCE IN A LIFETIME OF A SHAREHOLDER

Documents to be enclosed (all xerox copies):

1) Enclose full Discharge summary of Patient

2) Bank particulars of the share holder with IFSC Number (or) Cancelled Cheque with self attestation.

3) CCS pass book. (xerox copy with self attestation)

4) Office ID Card / Medical Card / UMID Card / Patient / Applicant (xerox with self attestation)

5) Bank Name .....

   Bank A/c. Number .....

   Branch .....

   IFSC Number .....

Signature of the Borrower / LTI / Capital Letter / Vernacular Signature (other than Hindi / English) to be attested