

FORM NO. XLIII
(See Rule 287)
APPLICATION FOR MEDICAL BENEFIT

1. Name & Address of applicant
2. Age and Date of Birth
3. Registration No.
4. Date of payment of 1st subscription
Amount & Name of Bank
5. Date of payment of last subscription
6. Total amount remitted
7. Details regarding disease/surgery
8. Disability if any, due to disease or surgery
9. Period of treatment as inpatient in Government
Hospitals (date of admission in the hospital and
Date of discharge)
10. List of documents submitted
11. Details of medical benefits received
if any before

The facts mentioned above are true to my knowledge and information.

Place :

Name & Address of Applicant.
