



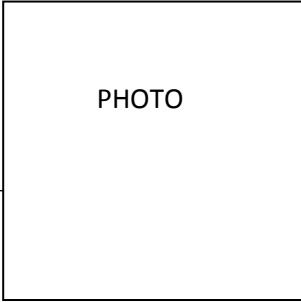
PROFORMA FOR CAPTURING OF DEPENDENT DETAILS

Name of employee: _____ PF number: _____
Branch/office: _____ Circle Office / HO: _____

1. SELF

NAME _____

D.O.B. _____ GENDER _____

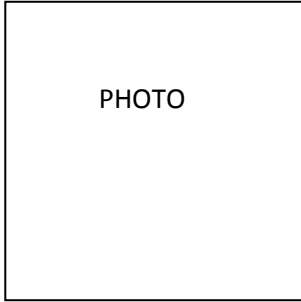


2. DEPENDENTS

NAME _____

D.O.B. _____ GENDER _____

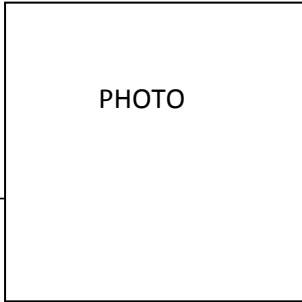
RELATION : _____



NAME _____

D.O.B. _____ GENDER _____

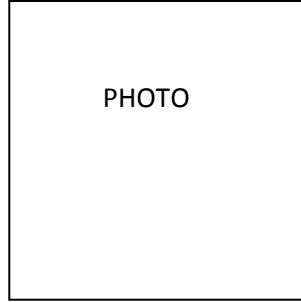
RELATION : _____



NAME _____

D.O.B. _____ GENDER _____

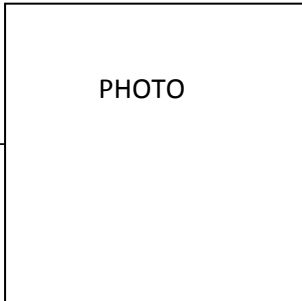
RELATION : _____



NAME _____

D.O.B. _____ GENDER _____

RELATION : _____



SIGNATURES OF THE EMPLOYEE

SIGNATURES OF THE INCUMBENT INCHARGE

The scheme covers Self + Spouse + Dependent children + any two of the dependent parents/parents in law. No age limit for dependents, Dependent will be considered only if his/her monthly income does not exceed Rs 10000.00. Brother and sisters are dependents only if they are physically challenged with 40 % or more disability. Widowed daughter/divorced/separated/daughter/sister including unmarried/ divorced/abandoned or separated from husband/widowed sister and crippled child shall be considered as dependent for the purpose of this policy.