

**BANK OF INDIA RETIREES' ASSOCIATION (SOUTH)**

F-5, 'Sri Sairam Villa', No.1, Kaveri Street,  
Saligramam, Chennai - 600093.

**MEMBERSHIP FORM**

PHOTO

NAME	MR./MS.
NAME OF SPOUSE	
PERMANENT ADDRESS	
TELEPHONE NO.	LANDLINE: MOBILE:
EMAIL ID	
DATE OF BIRTH & AGE	
BLOOD GROUP	
QUALIFICATIONS	
DATE OF RETIREMENT	DATE: SUPERANNUATION/ VRS/ RESIGNED/ OTHERS
OPTION	PF / PENSION
PENSION	SB A/C NO.: BRANCH:
POSITION HELD BEFORE RETIREMENT	
BRANCH / OFFICE WHERE LAST SERVED	
LAST BASIC PAY PLUS ALLOWANCES ELIGIBLE FOR PENSION	RS.
BASIC PENSION	RS.
MEMBER OF BOI RETIRED EMPLOYEES MEDICAL ASSISTANCE SCHEME	YES / NO
ANY OTHER MEDICLAIM POLICY	
PRESENT ACTIVITY IF ANY (PL. TICK)	SERVICE / BUSINESS / SOCIAL / CULTURAL / SPIRITUAL
PRESENT OFFICE ADDRESS, IF ANY	
PRESENT OFFICE TELEPHONE, IF ANY	
ADDITIONAL INFORMATION (IF ANY)	

I hereby declare that the information furnished above is true to the best of my knowledge. I am also willing to provide any other information required by the Association for taking up any issues on my behalf.

DATE:

(SIGNATURE)