## BANK OF INDIA HEAD OFFICE

## APPLICATION FOR THE PURPOSE OF BECOMING MEMBER OF BANK OF INDIA RETIRED EMPLOYEES' MEDICAL ASSISTANCE SCHEME

1.	Full name and permanent Residential address	
2.	Provident Fund No.	
3.	Category (Tick whichever is applicable)	Officer/Clerk/Sub-Staff
4.	Date of Birth	
5.	Date of joining the Bank	
6.	Date of Retirement	
7.	Nature of Retirement	Superannuation/Voluntary/VRS-2000
	(Tick whichever is applicable)	
8.	Total Service in Bank	Years Months
9.	Last Basic Pay drawn Last Basic Pay after Pay Revision	` p.m. ` p.m.
10.	Name of the Branch last worked	Branch Name Branch Code No. Zone
11.	Name of the Branch identified for	Branch Name
	Drawing the benefits of the Scheme	Branch Code No. Zone
12.	Full Name of the Spouse	
13.	Whether Spouse is BOI Employee	Yes /No
14.	Employment details of the spouse, if any (i) Name of the employer	
	(ii) Monthly salary / wages	
15.	If Spouse was a BOI employee, whether he/she is/was a Member of REMAS	No / If yes, please provide membership No.

**Declaration:** I declare that the above information submitted is true and correct. I am aware that this exercise is being undertaken only to assess the possibility of allowing membership to non-members of the scheme and in no way is an offer to join the scheme.

(Signature of the spouse)

(Signature of Retiring Staff member)

The above details have been verified and found to be correct.

HR Department,

\_\_\_\_\_Zone.

DATE:

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