Photo
Passport Size

NATIONAL INSURANCE TRUST FUND
Application for e-card-Agrahara

Official Use

File No:

Member Ship No:

All questions should be answered in English block letters as these data is requested for computerization

01. Name with Initial (Mr/Mrs/Miss):-

02. Name Denoted by Initials:-

03. Permanent Address:-

04. National Identity Card No:-

05. Date of Birth:- D D M M Y Y Y Y

06. Present Occupation:-

07. Date of first Appointment:- D D M M Y Y Y Y

08. Name of the Department/Ministry and Provincial Council:-

09. Official Address:-

10. Contact Numbers:-

Office:- Mobile:-

Home:-

11. Email Address:-

12. Bank Details:-

i) Name of the Bank:-

ii). Bank Branch:-

iii). Account Number:-

13. Civil Status:-

Married :- ☐ Unmarried:- ☐

14. Name of Spouse (If Married):-

Age:- ☐☐ Date of Birth:- D D M M Y Y Y Y

15. Work place (Department/Institute) of the Spouse:-

16. Name of the Unemployed Children (below 21years) Date of Birth Relationship

Son/Daughter

I. D D M M Y Y Y Y

II. D D M M Y Y Y Y

III. D D M M Y Y Y Y

IV. D D M M Y Y Y Y

V. D D M M Y Y Y Y

VI. D D M M Y Y Y Y

17. If Unmarried , parents below 70years.

I. Father's Name Date of Birth D D M M Y Y Y Y

II. Mother's Name D D M M Y Y Y Y

18. Are you & Dependents in good health? If not Give details:-

I here by certify that the above details are true and accurate.

…….. ……..……

Signature of the Applicant Name & Signature of the Head of Department

Date:- (Rubber Stamp)

Please attaché the certified copies of the following documents.

1. Birth Certificate (Member and Dependents)
2. National Identity Card
3. Marriage Certificate (If Married)
4. Salary slip of the previous month