

4. Declaration of the Applicant

I hereby certify that the above information is true and correct. I hereby certify that I have no objection regarding the payment of the sum of Rs. related to my surgery to the Hospital (Name and Address of the Hospital/ Institute), and the confirmation of the information contained in my National Identity Card with the Department of Registration of Persons.

.....
Date

.....
Signature of the Applicant

5. Should be filled by the Grama Niladhari (Cross out unnecessary words)

I hereby certify that the documents regarding the hospitalization of the aforementioned Mr./Ms. are true and correct, and recommended and forwarded for taking necessary measures if he/ she is entitled to insurance.

.....
Date

Signature :-

Name :-

Designation :-

(Official Seal is Compulsory)

Documents to be Submitted together with the Application

1. A photocopy of the letter issued by the institution on retirement certified by the Grama Niladhari.
2. Prior medical recommendation for heart surgery
3. Doctor's Recommendation Letter issued for heart surgery
4. Letter of Estimate issued by the hospital in case of surgery is performed in a private hospital
5. If the surgery is performed in a government hospital, the letter of estimate from the institution that procures the equipment and the prescription issued by the doctor.
6. Copy of National Identity Card attested by the Head of the Institute.
7. If someone other than the member comes to receive the letter of guarantee, the letter submitted by the member stating the person's name and national identity card number.
8. One additional set of photocopies of all the above documents