



Application form for obtaining Guarantee Certificate for heart surgery, kidney transplant surgery, brain surgery (Only for the Member of Semi Government Sector) National Insurance Trust Fund



Form No - 15 (E)

(Completion of all the required information in the application form is mandatory)

Tick (✓) the scheme you belong to	
Silver	Gold

Tick (✓) the relevant surgery	
Heart Surgery	
Kidney Transplant Surgery	
Brain surgery	

National Identity Card No. of the Applicant :-

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1. Details of the Applicant

1.1 Name in Full : Rev./ Mr./ Mrs./ Miss. :-

.....

Name with Initials : Rev. / Mr. / Mrs. / Miss. :-

.....

1.2 Private Address :-

.....

1.3 Date of Birth :-

D	D	M	M	Y	Y	Y	Y
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Scheduled Date of Retirement :-

D	D	M	M	Y	Y	Y	Y
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1.4 Telephone Number : Fixed :- Mobile :-

2. Details of the Work Place (should be filled compulsory)

2.1 Name of the work place :-

2.2 Address :-

2.3 Designation :-

2.4 Telephone Number of the work place :-

3. Have you obtained any claim previously from National Insurance Trust Fund for heart/brain/kidney transplant surgery ?

Yes No

If obtained so,

Nature of the surgery Date Amount

Nature of the surgery Date Amount

Nature of the surgery Date Amount

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. Certificate of the Accountant of the Institute

(File Number)

File Number assigned to your institute by the National Insurance Trust Fund :-

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I hereby certify that the monthly salary of the above mentioned Mr./Mrs. is credited to the Account No. at the Branch of of the Bank

.....
Date

Signature :-

Name :-

Designation :-
(Official Seal is Compulsory)

6. Certificate of the Head of the Institute

Recommend and submitted for taking necessary measures to obtain the guarantee certificate of the aforementioned Mr./ Ms.

I hereby certify that the above details are true and correct as per his/ her personnel file. I hereby certify that the monthly Agrahara Insurance premium of Rs related to the month of of the year 20.... , the month before the request made for a Guarantee Certificate, has been credited to the Account No. **033-1002-3246-7951** of Queen's Branch of the People's Bank of the National Insurance Trust Fund by Cheques (Cheque No.) / SLIPS and included it to the total amount of Rs.

.....
Date

Signature :-

Name :-

Designation :-
(Official Seal is Compulsory)

Documents to be Submitted together with the Application

1. Letter issued by the Head of the Institute enclosing Cheques / SLIPS by which Aghara Contributions were credited during the past 3 months before requesting a Guarantee Certificate (Should be in the Letter Head of the Institute)
2. Salary Details certified by the Head of the Institute of 3 Months before requesting the Guarantee certificate (Pay Sheet)
3. Certificate of Service including the scheduled date of retirement issued by the Head of the institute (Should be in the Letter Head of the Institute)
4. Pre-Medical Recommendation for Heart / Brain / Kidney Surgery
5. Recommendation report issued by the Consultant of the Heart / Brain / Kidney Transplant Surgery
6. Letter of Estimate issued by the hospital if the surgery is performed in a private hospital
7. Letter of Estimate of the institute obtaining the equipment if the surgery is performed in a government hospital and the prescription issued by the Consultant Medical Officer regarding that.
8. A copy of the National Identity Card certified by the Head of the Institute.
9. If somebody other than the member comes to collect the Guarantee Certificate the letter submitted by the member mentioning the person's name and National Identity Card Number.
10. An additional set of photocopies of all the above documents