



Membership No.  
(for office use only)

# NATIONAL INSURANCE TRUST FUND BOARD

## AGRAHARA MEDICAL SCHEME FOR SEMI GOVERNMENT EMPLOYEE

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- 1. Name in full including Full name with surname: .....
- 2. Personal Address: .....
- 3. National Identity Card No: .....
- 4. Present Position: .....
- 5. Contributors Contact No. Mobile: .....Office: .....
- 6. Institute name: .....
- 7. Official Address.....

- 8. New Insurance scheme which willing to subscribe:  
Silver Scheme                      Gold Scheme

09. I hereby give my consent to join the above new insurance scheme also, I give my consent to deduct Rs..... as the monthly premium of the scheme.

Date: .....Signature of applicant: .....

10. I recommend that Mr./Mrs./Miss: .....whom details given above for the new Insurance Proposal Silver / Gold Scheme and confirm that the relevant installment sum (Rs.600/=, Rs.1000/=) Recovered from his/her salary and credit to the Account of National Insurance Trust Fund Board.

Name of the head of institution .....

Position .....

Signature: ..... Date: .....

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