

National University of Educational Planning and Administration
17-B, Sri Aurobindo Marg, New Delhi - 110016

Application Form to be filled by the retired employee for admission to the "Medical Scheme for Retired University Employees and Members of their Families"

1. Name of the Pensioner/
Family Pensioner
2. Designation Last held
3. Date of Retirement
4. Date of Birth
5. Pension payment O.O. No. & Date
6. Last pay Drawn Rs.....
(In words).....
7. Amount of Basic Pension No.
8. Residential Address.....
.....
9. Telephone/ Mobile No..
10. Email ID
11. Contribution to the scheme:..... Demand Draft No.....
12. Date for Rs.....

Passport size
photograph

DATE:

(SIGNATURE OF PENSIONER)

For Office use only

Particulars mentioned above are hereby verified by Accounts Section.

Date.....

(Section Officer (A/c))