

ANNEXURE IX

PENSION AND GROUP SCHEMES UNIT

POLICY NO. GI /MBY _____

A) NAME OF THE MEMBER UNDER

AAM ADMI BIMAYOJANA

B) MEMBERSHIP NO.

C) ADDRESS

D) NAME OF THE STUDENT

E) WHETHER SON OR DAUGHTER

F) NAME AND PLACE OF THE SCHOOL / INSTITUTION

G) DATE OF BIRTH OF STUDENT

H) STD, /CLASS ACADEMIC YEAR

I) DECLARATION:

HEREBY DECLARE THAT I AM FULLY MADE TO UNDERSTAND THAT THE SCHOLARSHIP BENEFIT UNDER ,AAM ADMI BIMA YOJANA IS RESTRICTED TO MAXIMUM OF TWO CHILDREN OF A FAMILY AND IS PAYABLE TO STUDENTS STUDYING IN IX TO XII

I HEREBY DECLARE THAT MY CHILD HAS NOT FAILED IN LAST ACADEMIC YEAR

Signature/Left Hand Thumb Impression of member

आम आदमी बीमा योजना के लिए आवेदन पत्र
APPLICATION FORM FOR AAM ADMI BIMA YOJANA

सदस्य का नाम Member's Name

प्रथम नाम

First Name

मध्य नाम

Middle Name

अंतिम नाम

Last Name

पिता/पति का नाम Father's/Husband's Name

प्रथम नाम

First Name

मध्य नाम

Middle Name

अंतिम नाम

Last Name

पता

Address

ग्राम

Village

ब्लॉक

Block

ज़िला

District

पिन कोड

Pin-code

राज्य

State

जन्म तिथि/आयु

Date of Birth/Age