

**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

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