## BIRLA INSTITUTE OF TECHNOLOGY MESRA RANCHI

## **DATA SHEET FOR MEDI-CLAIM**

Department:

Centre:

Date:

| Emp. Code:      |                                     | Employee Name:   |                             |                             |
|-----------------|-------------------------------------|--|-----------------------------|-----------------------------|
| Marital Status: |                                     | Married / Single   | Joining Date:               |                             |
| Sl. No.         | Relationship                        | Name of the Family<br>Member                                     | Date of Birth (DD/MM/YY)    | Gender<br>(Male /<br>Female |
| 1               | Wife / Husband                      |  |                             |                             |
| 2               | Son / Daughter                      |  |                             |                             |
| 3               | Son / Daughter                      |  |                             |                             |
| Eligibil        |                                     | use (Wife/Husband) (3) Depe<br>years. However, the Child /       |                             |                             |
|                 | In case of both spou<br>aim scheme. | ses are working in the Institut                                  | te only one will be         | covered under the           |
|                 | as specified above.                 | at all the members included i<br>The particulars relating to the |                             |                             |
| Date:           |                                     |  | (Signature of the employee) |                             |
|                 | -                                   | naking Changes / Corrections<br>Due to marriage / Birth of new   | _                           | ords                        |
| I reque         | st that the following               | correction may please be mad                                     | le:                         |                             |
| Sl. No.         | Relationship                        | Name of Family Member  | Date of Birth (DD/MM/YY)    | Gender<br>(Male / Female    |
| 1               | Wife / Husband                      |  |                             | (                           |
| 2               | Son / Daughter                      |  |                             |                             |
| 3               | Son / Daughter                      |  |                             |                             |
| ,               |                                     | e members included in the aborticulars relating to their age, re |                             |                             |

(Signature of the employee)