

**Indian Overseas Bank Retired Employees  
Medical Assistance Scheme**

Combined photograph of the  
applicant & spouse

**APPLICATION FOR MEMBERSHIP**

**PENSIONER / FAMILY PENSIONER / NON-PENSIONER / SPOUSE OF THE  
NON-PENSIONER / SPOUSE OF THE DECEASED RETIRED EMPLOYEE**

1. Name : \_\_\_\_\_
2. Permanent address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Mobile No. \_\_\_\_\_
3. Roll. No. Designation & Name of  
the Last attached branch : \_\_\_\_\_
4. Date of birth : \_\_\_\_\_
5. Date of joining the bank : \_\_\_\_\_
6. Date of retirement from bank's service : \_\_\_\_\_
7. Nature of retirement : 2000 Super annuation / Voluntary  
retirement / VRS 2000 scheme
8. Last drawn Basic Pay / Payable : \_\_\_\_\_
9. Designation at the time of Retirement  
Officer / Scale VII / VI / V / IV / III / II / I  
Clerical / Substaff / PTS : \_\_\_\_\_
10. Employment details if any. : Employed / Not employed
11. If employed the details thereof. : \_\_\_\_\_
  - i. Name of employer : \_\_\_\_\_
  - ii. Monthly salary / wages : \_\_\_\_\_
12. Pension particulars : Pensioner / Non-pensioner  
Retired as officer / clerk / sub-staff \_\_\_\_\_  
Pension order no. and date \_\_\_\_\_
13. Name of the branch & SB A/c. No. : \_\_\_\_\_  
Where pension is drawn : \_\_\_\_\_

14. Name of the branch identified for Drawing the benefits & SB A/c. no. (only in case of non-pensioners) : \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_

15. Full name of the spouse : \_\_\_\_\_

16. Date of birth : \_\_\_\_\_

17. Employment details if any of the spouse : \_\_\_\_\_

a. Name of employer : \_\_\_\_\_

b. Monthly salary / wages : \_\_\_\_\_

18. Amount of subscription : \_\_\_\_\_

Details of remittance : \_\_\_\_\_

D.D.No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on CCO, Chennai

**DECLARATION**

1. I declare that the above information submitted is true and correct to the best of my knowledge.
2. I have read and understood the Indian Overseas Bank Retired Employees Medical Assistance Scheme and agree to abide by the terms and conditions mentioned therein

**Signature of the spouse**

**Signature of the applicant**

Date :

Note :

1. Delete whichever is not applicable
2. In case of Family Pensioner and spouse of deceased non-pensioner details of the deceased pensioner should be filled in the appropriate column.
3. Please enclose a copy of salary slip / copy of Form 16 relating to the year of retirement / PF statement / any other document indicating the last drawn basic pay.