UNIVERSITY OF COLOMBO
MEDICAL WELFARE SCHEME – 2018
APPLICATION FORM

..... *For office use only*

Emp. No. : ……..…… **Scheme I** ☐ **Scheme II** ☐ **Scheme III** ☐
(Pl. tick for appropriate)

1.	Name of the Member with initials:	
2.	Present Post:	
	Date of Appointment:	
	Department:	
3.	Date of Birth:	Age :
4.	National Identity Card No:	Tel.No (Office) :
		Mobile No:
5.	Civil Status :	Single / Married/ Other
6.	If married, ***(attach the married certificate)***	
	a) Name of the spouse:	
	b) Date of Birth :	YYYY/MM/DD : Age :

c) Details of Children :

Names of unmarried and unemployed Children ***(below 21 years)*** ***(Pl. attach the photo copies of the Birth Certificates of Children)***		**Date of Birth**	**Age** ***(as at 01-03-2018)***

7.	Are you and those mentioned under 06 in good health? if not, give full details:	

I hereby certify that the above details are true and accurate. I wish to join for Scheme I / II / III and accept to deduct Rs.150/ Rs.400/ Rs.650/ p.m. from my salary. With effect from 01.03.2018. (***Please cut off inappropriate***)

Signature of the Member : …… Date:……

I recommended that the above information are true & accurate.

Signature of the Head of Department : …….. (Seal)

Date:……

As per the Personal file, I certify that the information given in item 1 – 6 is true and accurate.

…… ……..
PF/Clerk

Deputy Registrar / Senior Assistant Registrar
Academic Est. / Non-Academic Est.