

**UNIVERSITY OF COLOMBO
MEDICAL WELFARE SCHEME – 2019
APPLICATION FORM**

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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, (<i>attach the married certificate</i>) a) Name of the spouse: b) Date of Birth :		
		YYYY/MM/DD :	Age :
c) Details of Children :			
<u>Names of unmarried and unemployed Children</u> (below 21 years) (Pl. attach the photo copies of the Birth Certificates of Children)		<u>Date of Birth</u>	<u>Age</u> (as at 01-03-2019)

7.	Are you and those mentioned under 06 in good health? if not, give full details:		
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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 01.03.2019. (***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.

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PF/Clerk

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