

**UNIVERSITY OF COLOMBO
MEDICAL WELFARE SCHEME – 2021
APPLICATION FORM**

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For office use only

Emp. No.:

Scheme I

Scheme II

Scheme III

(Pl. tick for appropriate)

Whether You have been Registered to the Insurance Scheme of the previous year 2020?	YES	NO
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> <i>(below 21 years) (Pl. attach the photocopies of the Birth Certificates of Children)</i>	<u>Date of Birth</u>	<u>Age</u> <i>(as at 01-01-2021)</i>

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 01.01.2021. (***Please cut off inappropriate***)

Signature of the Member:

Date.....

I recommended that the above information is 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.