Application Form - Agrahara Health Insurance

Staff Welfare Society - Uva Wellassa University

1. **Personal Details**:

1.1. Full Name: .....

1.2. Name with Initials: .....

1.3. Birth Day: .....

1.4. Designation: .....

1.5. NIC No: .....

1.6. Address: .....

.....

1.7. City: .....

1.8. Mobile No: .....

1.9. UPF No: .....

2. **Account Details:**

2.1. Bank name & Code: .....

2.2. Branch name & Code: .....

2.3. Account No: .....

3. Dependent Information:

- Note: For each dependent (up to 05), please provide the following details
  - Unmarried-Farther & Mother(below 70 year)
  - Married-Wife/Husband/Children(below 18)

No	Name with Initials of Dependent	Date of birth	NIC number	Relationship of Dependent
3.1.				
3.2.				
3.3.				
3.4.				
3.5.				
3.6.				

I hereby agree to enroll in the Agrahara Health Insurance Scheme and confirm that all the details furnished in this application are true and correct to the best of my knowledge. I understand the rules, conditions, and benefits of the scheme and undertake to abide by them. I also agree to pay the relevant contributions as a deduction from my salary.

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Signature