



NATIONAL INSURANCE TRUST FUND BOARD

AGRAHARA MEDICAL SCHEME FOR SEMI GOVERNMENT EMPLOYEE

Membership No.
(for office use only)

1. Name in full including Full name with surname:
2. Personal Address:
3. National Identity Card No:
4. Present Position:
5. Contributors Contact No. Mobile:Office:
6. Institute name: **South Eastern University of Sri Lanka**
7. Official Address. **University Park, Oluvil, #32360**
8. New Insurance scheme which willing to subscribe:
Gold Scheme
09. I hereby give my consent to join the above new insurance scheme also, I give my consent to deduct Rs.1000.00 as the monthly premium of the scheme.
Date:Signature of applicant:
10. I recommend that Mr./Mrs./Miss:whom details given above for the new Insurance Proposal Gold Scheme and confirm that the relevant installment sum (Rs.1000/=) Recovered from his/her salary and credit to the Account of National Insurance Trust Fund Board.
Name of the head of institution.
Position
Signature: Date: