

## APPLICATION FOR ENROLLING KERALA POLICE MEDICAL INSURANCE SCHEME

TO BE FILLED BY THE INDIVIDUAL (IN CAPITAL LETTERS)

1	<b>EMPLOYEE NAME</b> <i>(FULL NAME WITH INITIALS)</i>																												
2	<b>DESIGNATION</b>																												
3	<b>GENERAL NUMBER (IF ANY)</b>																												
4	<b>SEX (MALE / FEMALE)</b>																												
5	<b>PEN NUMBER</b>																												
6	<b>AGE &amp; DATE OF BIRTH</b>																												
7	<b>PARENT UNIT</b>																												
8	<b>AADHAAR – ID NUMBER ( PLEASE ATTACH COPY OF THE AADHAR )</b>																												
9	<b>VOTERS ID NUMBER</b>																												
10	<b>UNIT WHICH THE INCUMBENT NOW WORKING</b>																												
11	<b>IF THE INCUMBENT NOT WORKING AT THE PARENT UNIT , REASON (DEPUTATION / WORKING ARRANGEMENT )</b>																												
12	<b>ORDER NO AND DATE OF ORDER FOR DEPUTATION /WORKING ARRANGEMENT</b>																												
13	<b>OFFICE ADDRESS (PARENT UNIT )</b>																												
14	<b>OFFICE ADDRESS (NOW WORKING )</b>																												
15	<b>RESIDENCE ADDRESS</b>																												



Police personal  
PLEASE AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH HERE

Spouse  
PLEASE AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH HERE

Child -1  
PLEASE AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH HERE

Child - 2  
PLEASE AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH HERE

Child -3  
PLEASE AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH HERE

Child -4  
PLEASE AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH HERE

NAME OF EMPLOYEE :

SIGNATURE Of Employee

PLACE :

DATE :

