

ANNEXURE

FORMAT

(New Health Insurance Scheme ordered in G.O.Ms.No.430, Finance (Salaries)
Department, dated 10.09.2007)

1.	Name of the Employee	:	
2.	Designation	:	
3.a.	Type of Office	:	
	Government / Local Bodies / Public Sector Undertakings & Statutory Boards / Universities	:	TAMIL NADU ELECTRICITY BOARD STATUTORY BOARD.
3.b.	Office in which employed	:	
4.	Date of birth	:	
5.	Date of Retirement	:	
6.a.	Pay Drawing Office attached	:	
6.b.	Designation of the Pay drawing Officer & Code	:	
6.c.	Circle & Circle Code	:	
7.	Employee code	:	
8.	General Provident Fund Account No. Contributory Provident Fund Account No.	:	
9.	Details of Family members*** *** In case the spouse is employed, the details of Organisation in which the spouse is employed shall also be furnished.	:	

SIGNATURE OF THE EMPLOYEE

Name	Age as on 1.1.2008	Relationship to the employee	Marital status	Employment status	Stamp size photograph @
(i)	(ii)	(iii)	(iv)	(v)	(vi)

@ The employee may furnish a joint photograph of the family in lieu of stamp size photograph of each member of the family.

SIGNATURE OF THE EMPLOYEE