

**I.S. Press Road, C.R. Building, Kochi - 682018. Ph : 0484-2395514, 0484-2390404, Extn : 362, 386**  
**E-mail : [cenexcse674@rediffmail.com](mailto:cenexcse674@rediffmail.com)/contact@centexsociety.com. web: [www.centexsociety.com](http://www.centexsociety.com)**

**N. B. :**     \*     Application Forms can also be downloaded from the website of Central Excise Employees Co-operative Credit Society.

              \*\*     There should be a minimum of 330 members to execute this group insurance scheme.

**THE CENTRAL EXCISE EMPLOYEES CO-OPERATIVE**  
**CREDIT SOCIETY LTD. NO. E - 674**

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**Application for Enrollment in the Group Medi Claim Policy Scheme**

1. Name of Member :
2. Member No. :
3. Office Address :
4. Phone (Off) :  
(Res) :  
(Mob) :
5. E-mail ID :
6. Details of family to be covered :

Sl. No.	Name	Age	Date of Birth	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				

7. Option 

A	B	C	D	E	F	G
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 (put ✓ in appropriate box):

8. Mode of payment of Premium : Lumpsum / Instalments

**Declaration by member**

I wish to join the NATIONAL INSURANCE COMPANY LIMITED's Group Medi claim Scheme in tie up with the Society. I agree to deduct the premium amount of Rs. .... in Lumpsum / in 10 installments with interest @9.25% from my salary.

Signature

Place :

Name and Designation

Date :

Member No