



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

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

**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) :  
(Whats App) :  
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 (put ✓ in appropriate box):

8. Mode of payment of Premium : Lumpsum / Instalments

**Declaration by member**

I wish to join the IFFCO TOKIO GENERAL 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