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| **SIKKIM MANIPAL UNIVERSITY** | | | | | | |  |  |
| **MEDICLAIM DETAILS 2018-19**  **FOR EMPLOYEE COVERAGE** | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
| **Employee Number** |  | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
| **Employee Name** |  | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
| Name: |  |  | | | | |  |  |
| Date of Birth/Age: | |  | | | | |  |  |
| Spouse's Name: | |  | | | | |  |  |
| Date of Birth/Age: | |  | | | | |  |  |
| 1st Child's Name: | | **Gen.** | | | | |  |  |
| Date of Birth/Age: | |  | | | | |  |  |
| 2nd Child's Name: | | **Gen.** | | | | |  |  |
| Date of Birth/Age: | |  | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Signature: |  |  |  |  |  |  |  |  |
| Designation: |  |  |  |  |  |  |  |  |
| Grade : |  |  |  |  |  |  |  |  |
| Location : |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Note: As per the policy, midterm inclusion of dependents is not acceptable** | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |
| ***Declaration: The above mentioned details are correct as per my knowledge.*** | | | | | | | |  |

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| **Attestation by HR Personnel** | | | |
| Name: |  | Date: |  |
| Signature : |  |  |  |

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| **SIKKIM MANIPAL UNIVERSITY** | | | | | | | |  |  | | | | | |
| **Unit Name:-** |  |  |  |  | | |  | | | | | |  | | |  |  |
| **MEDICLAIM DETAILS 2018-19** | | | | | | | |  |  | | | | | |
|  |  |  |  |  | | |  | | | | | |  | | |  |  |
| **Employee Number** |  | | | | | | |  |  | | | | | |
|  |  |  |  |  | | |  | | | | | |  | | |  |  |
| **Employee Name** |  | | | | | | |  |  | | | | | |
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| **Insurance for Parents,(This is optional)** | | | | | | | | | | | | | | | | |  |
| The premium of the Parent's / In law Medical Insurance Policy will be borne by the individual employees completely. Employees who want their parents covered will have to pay the premium as per the below table. The Premium table is given as per life. | | | | | | | |  | | | |  | |
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| Please fill in the below table: | | |  |  | | |  | | | | | |  | | |  |  |
| **Relationship** | **Name** | | **Date of Birth** | | **Age** | **Sum Insured** | |  |  | |
|  |  | |  | |  |  | |  |  |
|  |  | |  | |  |  |  |
| **Signature** |  |  | **Location:** | | | |  | | | | | |  | | |  |  |
|  |  |  |  |  | | |  | | | | | |  | | |  |  |
| **Grade:** |  |  | **Designation:** |  | | |  | | | | | |  | | |  |  |
|  |  |  |  |  | | |  | | | | | |  | | |  |  |
| **NOTE: As per the policy, midterm inclusions of parents/ in law is not acceptable** | | | | | | | |  |  | | | | | |
|  |  |  |  |  | | |  | | | | | |  | | |  |  |
| ***Declaration: The above mentioned details are correct as per my knowledge.*** | | | | | | | |  |  | | | | | |

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| Attestation by HR Personnel | | | |
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