

Date: ...../...../.....

Branch: .....

To  
 The Shares Department,  
 TJSB House, Plot No. 5 B,  
 Wagle Estate, Thane (W) 400 604  
 Tel: 2587 8500

<p><b>1. Member's Full Name</b></p>	<p>Mr./Mrs/Ms.. _____          _____          Membership No. _____ Member Since _____          No.of Shares _____</p>
<p><b>2. Residential Address</b></p>	<p>_____          _____ Pin Code. _____          _____ Tel. No. _____          Mobile No. _____</p>
<p><b>3. Shareholder's Scheme</b></p> <p><b>A. Reimbursement Requested</b></p> <p><b>Nature of Illness</b></p> <p><b>Total Bill Amount</b></p>	<p><input type="checkbox"/>  <b>Financial Assistance for Medical Treatment/Tests/Operations.</b>          _____          _____</p> <p><input type="checkbox"/>  <b>Sadichha Bhet.</b></p>

	<input type="checkbox"/> <b>Shraddha Nidhi.</b>
	<input type="checkbox"/> <b>Free Medical Check-up.</b>
	<input type="checkbox"/> <b>Wedding Occasion.</b>
	<input type="checkbox"/> <b>Education Purpose.</b>

*I hereby declare that the above statements are true. I request you to sanction me the reimbursement to the extent permissible under the scheme. Please credit the proceeds to my Saving A/c.No. \_\_\_\_\_ at \_\_\_\_\_ Branch or arrange to send me your Pay Order at the earliest. I am enclosing following documents. (Please Tick)*

- a. Age Proof: - Birth Certificates / Passport / Election Card / Ration Card etc.*
- b. Membership: Xerox copy of certificates/Membership No*
- c. Bill/Receipt for Hospitalisation from any other approved Centre.*
- d. In case of Financial help for Higher Educational Purpose i.e. Recognised Professional Courses*
  - i. Income Certificate*
  - ii. Xerox copy of Fees Receipt (Recognised Professional Institutes only)*

*Yours Faithfully*

*Signature of the Member/s.*

**FOR OFFICE USE ONLY**

**Date of Receipt** \_\_\_\_\_

Being eligible as per scrutiny, we recommend the above case for assistance of ₹. \_\_\_\_\_ under Members Welfare Fund Scheme for Financial Assistance towards Medical treatment undergone for Medical Treatment/ Sadichha Bhet / Shraddha Nidhi / Free Medical Check-up / Wedding Occasions/ Education Purpose.

We confirm that the applicant is eligible under the Welfare Scheme approved for Shareholders. We recommend an amount of ₹. \_\_\_\_\_ under the scheme.

**APPROVED / REJECTED**

**MANAGING DIRECTOR & CEO**

**ASST.GENERAL MANAGER**