



N. S. S. O Employees' Co-operative Credit Society Ltd.
Regd. Under Multi-State Co-operative Societies Act 1984 (Regd. No. CR-8)
Mahalanobis Bhavan
164, Gopal Lal Thakur Road , Kolkata – 700 108.
Phone :2578-8930/2251 e-mail : nsemcpop@rediffmail.com

To
The Chairman
Welfare Committee
Through: Secretary
N. S. S. O Employees' Co-operative Credit Society Ltd

Dear Sir,
I beg to apply for medical loan/relief of Rs.....(Rupees.....) only, subject to the rules of the Members Welfare Fund of the Society to be repaid in..... monthly installments @ Rs..... per month. The purpose of taking the medical loan/relief is.....

- 1) Full Name (Block Lettters):
- 2) Membership Regd. No.:- P/L Folio No:
- 3) Address :-
- 4) Centre with Posting Place:-
- 5) Designation:-
- 6) Date of appointment/retirement:-
- 7) Name of the employer:-
- 8) Name of patient and his/her relationship with the member:-
- 9) Nature of illness:-
- 10) Approx. expenditure involved/incurred Rs
- 11) Name of the Hospital with address, Phone & Fax No:
- 12) Bed no/Block no Or Name:

Nature of Treatment

- 13) Surgical operation/medical treatment/confinement
- 14) Pathological,bacteriological, radiological or other similar tests regarding (Brief Note certified with prescription/reports
- 15) The name of the hospital or laboratory at which pathological tests undertaken
- 16) Whether undertaken on the advice of the medical officer in charge of the case at the hospital (Acertificate to that effect should be attached)
- 17) List of medicines consumed or to be consumed
- 18) Special Medicines (if any)

(List of medicines, true copy of cash memos and the essentiality certificates should be attached)

Please turn over

19) Date of admission in the hospital/nursing home:

20). Whether any application made to office for reimbursement, if so, amount of reimbursement.

21). If the treatment be undertaken at the outside state of the center of posting or residence the fare involved/incurred

22). Estimated expenditure involved/incurred regarding diet

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me.

Date:

Yours faithfully

(signature in full with date)

FOR OFFICE USE

Date of application received

Date of Medical Welfare Committee Meeting

Date of Sanction

Amount Sanctioned

No of Instalments

Whether sanction as emergency case

Date of Sanction

Amount Sanctioned

No of instalments

Ratified in the meeting dated

Signature of sanctioning authority



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BOND

I \ Sri/Smt a member of the above named society , have thisday of.....20....received medical loan of Rs/- (Rupees.....) bearing interest rate of% (percent) per annum for the medical treatment of, which I hereby undertake to repay in full by monthly instalments of Rs...../- (Rupees.....) with interest due thereon, each instalment being receivable from my monthly pay roll, provident fund & Gratuity (within my service period or after retirement) as well as that if **any amount be reimbursed to me by my employer on this account the same amount will be paid in full to the society** towards the recovery of the said medical loan taken by me from the society.

Signature in my presence

Signature in full

Full Name of Witness :- _____

Full Name _____

Registration No:- _____

Registration No:- _____

Centre:- _____

Centre:- _____

Phone No:- M:- _____

Phone No:- M:- _____