

EMPLOYEES' TRUST FUND BOARD
Application for Heart Surgery Assistance

For Office Use Only

Part I (To be completed by the member)

- 01. I.** Name of member (with initials)
.....
- II.** Names denoted by initials :
.....
- 02.** Address :
.....
- 03. I.** Age : **II.** Date of Birth :
- 04.** National Identity Card no.:.....
- 05.** Name and address of the establishment where the member is employed:
.....
.....
- 06. I.** EPF/PPF Number of Employer ;
II. Membership No:
- 07.** Date of joining the establishment :
- 08.** Nature of employment :
- 09.** Details of Bank Account; **(i)** Name of Bank
(ii) Bank branch
(iii) Account No
.....
- 10.** Particulars about the heart ailment (Please attach medical reports):
.....
.....
- 11.** Name of the hospital where the surgery is expected to be performed.
.....
.....

07. Expected date of surgery

08. Expected total cost of the surgery

09. Is part of the cost of surgery (referred to at 13 above) to be borne by your employer / other institutions or organizations?.....

.....

15. Names of such institutions / organizations Amounts funded

.....
.....
.....

16. Whether any financial assistance has been obtained previously for Heart surgery/ kidney transplant?

If yes, state the amount of assistance Rs.....

I request financial assistance for my heart surgery from the Employees' Trust Fund. I declare that the details given in this application are true and correct. I am aware that I am liable to be prosecuted in a Court of Law if any information given herein is found to be false or incorrect.

Thumb impressions:

Left

Right

.....
Signature of Member

Date ;
T.P.No:

Part 2 (To be completed by the employer)

01. I, the Manager / Administrator/
proprietor* of.....
(name of establishment)
..... at
(address)
.....hereby certify that Mr /Mrs / Miss*
.....
(name of member)
bearing EPF / PPF No.....and having NIC No.....
has been serving in this establishment fromto-date.

02. We further certify that we have remitted ETF contributions on behalf of this employee continuously up to the date he/she* continues to be employed in our establishment.

03. In addition to above , we give below the details of ETF contributions remitted in respect of all our employees, including this employee, for the 12-months prior to the month in which the surgery was/is to be performed.

| Month | Total Contribution for the month | Contribution made on behalf of the employee | Date of Payment | Cheque No. |
|-------|----------------------------------|---|-----------------|------------|
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04. Whether contributions for the above period were made through Form R1 or Form Rs:.....

05. if contributions are remitted through Form R4, Form ii returns for the relevant period (please tick relevant cage):

- i) Have already been sent to the ETF and his /her* name has been included in the return;
- ii) Is to be sent in due course and his/her* name will be included in the return:

06. We have paid / do not make any payment / agreed to pay* Rs. to our employee Mr /Mrs / Missfor his/her heart surgery.

I do hereby declare that the foregoing facts are true and accurate. I am aware that if I furnish any false information I shall be liable for prosecution in a Court of Law under Section 39 of the Employees' Trust Fund Act.

Date ;.....

.....
Signature of Employer

Seal;

Telephone :