

**EMPLOYEES' TRUST FUND BOARD**  
**Application for Kidney Transplant Surgery Assistance**

For Office Use

**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 Number :-** .....

**05. Name and Address of the establishment where the member is employed:-**  
.....  
.....

**06. I. EPF/PPF Number of employer :-** .....  
**II. Membership Number :-** .....

**07. Date of joining the establishment :-**.....

**08. Nature of Employment :-** .....

**09. Particulars of Bank Accounts :-**

**I. Name of Bank :-** .....

**II. Bank Branch :-** .....

**III. Account Number :-** .....

**10. Particulars about the Kidney Surgery :- (attach medical reports)**  
.....

**11. Name of the hospital in which surgery is expected to be performed :-**  
.....

**12. Expected date of surgery :-** .....





IV. Whether contributions for the above period were made through Form R1 or Form R4 .....

V. If contributions are remitted through form R1 , Form II return for the relevant period: (Please tick relevant cage)

(a) Have already been sent to your institution and his/her name is Included in the return.

(b) Is to be sent in due course and his/her name will be included in it.

VI. Our establishment has paid/has agreed to pay/will not make any Payment/s sum of Rs.....for the Kidney Transplant Surgery of Mr/ Mrs/ Miss ..... Serving in our establishment. (Delete the irrelevant words)

I do hereby declare that the foregoing facts are true and accurate. I 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

T.P. No.