

ELIGIBILITY CRITERIA FOR MEDICAL AID

1. Member can apply only once for the recurring type of above medical surgery/test.
2. Member must have completed two years of membership & should apply within 2 years from the date of surgery/test which has been done only after completion of two years for his/her membership.
3. In case of joint membership, benefits are extended only to the member whose name appears 1st in the register of shareholders maintained by bank.
4. Minimum shareholding of ₹1000/-.
5. Member should hold minimum deposit of ₹500/- or should have opted minimum loan facility of ₹100000/- (As on 31st March of immediate preceding financial year)
6. Member should comply KYC requirements as per RBI guidelines.

FOR BRANCH USE	Membership No. <input type="text"/>	Customer ID <input type="text"/>	Cust ID is KYC complied? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Branch <input type="text"/>		
	Copy of documents & In person Signature verification carried out by :	<input type="text"/>	
	Employee Name : <input type="text"/>		
	Employee Code : <input type="text"/> Date : <input type="text"/>		
Designation : <input type="text"/>			
		Signature of Branch Official along with Branch Seal	

FOR HEAD OFFICE USE	To, Hon. Doctor on Panel,		
	Sir / Madam.		
	We are forwarding the application received from one of our members for medical aid for following surgery/test under Shareholders' Welfare Fund Scheme. As per said scheme, we are forwarding this application along with related documents for your opinion.		
	Membership No. <input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Member's Name <input type="text"/>	<input type="text"/>	
Medical aid applied for (Name of Surgery / Test)			
<input type="text"/>			
		Signature of officer (Share Department) with stamp	

DOCTOR'S REMARK	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Remark (if any) <input type="text"/>	<input type="text"/>	
	<input type="text"/>		
	<input type="text"/>		
		Signature of Doctor with stamp	