**Baba Farid University of Health University, Faridkot**

**Undertaking for adopting Group Insurance Scheme**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on regular/ adhoc/Contract basis hereby undertake the following:**

|  |  |
| --- | --- |
| Name of the Employee |  |
| Designation |  |
| Father’s Name |  |
| Mode of appointment  regular/ Adhoc/ contractual |  |
| Nominee |  |
| Date of Joining |  |
| Pay Band+ Grade Pay+ IR+DA |  |
| Amount of risk covered : Minimum 1 Lakh or 5/10/15/20 Lakhs |  |
| PAN No |  |
| AADHAR No. |  |
| Full address of Organization  (i.e. Employer) |  |

I solemnly declare that the information provided above is true and correct to best of my knowledge. I shall be responsible for the discrepancy, if any.

Signature of the Employee

Place of Posting

Date:

**Endst No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Branch Head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_