

**Annexure-II**

**Deposit Challan for Inclusion of Employee Retired During 01<sup>st</sup> Oct. 2019 to 30<sup>th</sup> Sept 2020 for One Month Medical Insurance Premium for IBA**

| <u>Bank Copy</u>   | <u>Retired Employee Copy</u>  |
|--|---|
| Date:  | Date:   |
| <b>United Bank Of India: Branch :</b><br>.....<br><br><p align="center"><b>DEPOSIT COLLECTION</b></p> Beneficiary Name: <b>COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI)</b><br>Account Number: <b>0098050000189</b><br><br><p align="center"><b><u>Retired Employee Details:</u></b></p> Name: .....<br>SPF No: .....<br>Date of Birth.....<br>Sex .....<br>Mob No: .....<br>Name of Spouse: Shri/Smt .....<br>Date of Birth of Spouse _____<br>Sex of Spouse.....<br><br>Category : <b>Officer / Award Staff</b> (Strike out as applicable)<br><br><p><b><u>Please enter the amount in words &amp; figures:</u></b></p> <b>Pro-rata Premium for one Month Without Domiciliary: Rs.....</b><br><br><b>Pro-rata Premium for one Month With Domiciliary: Rs.....</b><br><br>Insurance Premium Deposited:<br>Rs.....(in figures)<br><br>Amount in words: Rs.<br>.....<br>.<br><br>Signature of Depositor<br><br><br>Bank Signature: _____ | <b>United Bank Of India: Branch :</b> .....<br><br><p align="center"><b>DEPOSIT COLLECTION</b></p> Beneficiary Name: <b>COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI)</b><br>Account Number: <b>0098050000189</b><br><br><p align="center"><b><u>Retired Employee Details:</u></b></p> Name: .....<br>SPF No: .....<br>Date of Birth.....<br>Sex .....<br>Mob No: .....<br>Name of Spouse: Shri/Smt .....<br>Date of Birth of Spouse _____<br>Sex of Spouse.....<br><br>Category : <b>Officer / Award Staff</b> (Strike out as applicable)<br><br><p><b><u>Please enter the amount in words &amp; figures:</u></b></p> <b>Pro-rata Premium for one Month Without Domiciliary: Rs.....</b><br><br><b>Pro-rata Premium for one Month With Domiciliary: Rs.....</b><br><br>Insurance Premium Deposited:<br>Rs.....(in figures)<br><br>Amount in words: Rs.<br>.....<br>.<br><br>Signature of Depositor<br><br><br>Bank Signature: _____ |