

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) :-**
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- II Names denoted by initials :-**
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- 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 :-**

13. Total cost/expected cost of surgery :-

14. Is part of the cost of surgery vide 13 to be borne by your establishment/other Institutions or Organizations :-.....

15. Name of such institutions / organizations :-
.....
.....

and amount funded will be Rs:-

I request you kindly to grant the assistance for my Kidney Transplant Surgery from your institution.

I do hereby declare that the foregoing facts are true and accurate. I am aware that I shall be liable for prosecution in a Court of Law, if I furnish any false information.

Thumb impression :

Left

Right

Date :-

.....
Signature of Member

T.P. No:-

Part 2 – (To be completed by the employer)

I. I**Manager/ Administrator/Owner**
of**at**
(Name of Company)
hereby certify that.....
(Name of Member)
bearing EPF/PPF Number.....and National identity Card
No. is serving in this establishment from.....to date.

II. We further certify that we have remitted ETF contributions on his/her behalf Continuously and that he/she continues to be employed our establishment. Details of contributions deposited on his/her behalf for the twelve (12) months prior to the month in which the surgery was/is to be performed are given below :-

Month						
Contribution						

Month						
Contribution						

III. In addition to the above, we give below details of ETF Contributions Remitted in respect of all our employees, during the above mentioned twelve (12) months.

Month	Total Amount paid for the month	Cheque Number	Date of Payment

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.