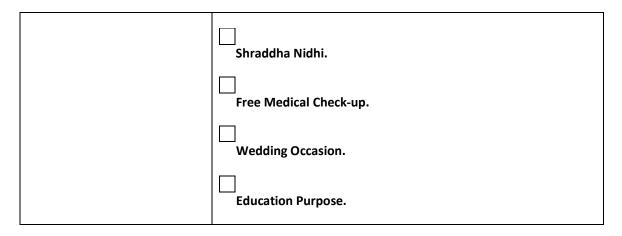


APPLICATION FORM FOR ASSISTANCE UNDER MEMBER'S WELFARE FUND SCHEME OF THE BANK

Date://	Branch:
To The Shares Department, TJSB House, Plot No. 5 B, Wagle Estate, Thane (W) 400 6 Tel: 2587 8500	
1. Member's Full Name	Mr./Mrs/Ms
	Membership No Member Since No.of Shares
2. Residential Address	Pin Code
	Tel. No Mobile No
3. Shareholder's Scheme	
A. Reimbursement Requested	
	Financial Assistance for Medical Treatment/Tests/Operations.
Nature of Illness	
Total Bill Amount	

Sadichha Bhet.



I hereby declare that the above statements are true. I request you to sanction me the reimbursement to the extent permissible under the scheme. Please credit the proceeds to my Saving A/c.No._____ at _____Branch or arrange to send me your Pay Order at the earliest. I am enclosing following documents. (Please Tick)

- a. Age Proof: Birth Certificates / Passport /Election Card / Ration Card etc.
- b. Membership: Xerox copy of certificates/Membership No
- c. Bill/Receipt for Hospitalisation from any other approved Centre.
- d. In case of Financial help for Higher Educational Purpose i.e. Recongnised Professional Courses
 - i. Income Certificate
 - ii. Xerox copy of Fees Receipt (Recognised Professional Institutes only)

Yours Faithfully

Signature of the Member/s.

Date of Receipt

FOR OFFICE USE ONLY

Being eligible as per scrutiny, we recommend the above case for assistance of ₹._____ under Members Welfare Fund Scheme for Financial Assistance towards Medical treatment undergone for Medical Treatment/ Sadichha Bhet / Shraddha Nidhi / Free Medical Check-up / Wedding Occasions/

Education Purpose.

We confirm that the applicant is eligible under the Welfare Scheme approved for Shareholders. We recommend an amount of ₹.____under the scheme. **APPROVED / REJECTED**

MANAGING DIRECTOR & CEO

ASST.GENERAL MANAGER