



Membership No.

(for office use only)

## NATIONAL INSURANCE TRUST FUND BOARD

### AGRAHARA MEDICAL SCHEME FOR SEMI GOVERNMENT

#### EMPLOYEE

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1. Full name (Prof/Dr/Mr/Mrs/Ms) :.....
2. Personal Address :.....
3. National Identity Card No :.....
4. Present Position :.....
5. Department :.....
6. Contributors Contact No. Mobile :..... Office:.....
7. Ministry / Institution / Faculty :.....
8. Official Address :.....
9. New Insurance scheme which willing to subscribe:  
Silver Scheme  Gold Scheme

10. I hereby give my consent to join the above new insurance scheme also. I give my consent to deduct Rs..... as the monthly premium of the scheme.

Date :..... Signature of applicant :.....

11. I recommend that Mr. /Mrs./ Miss:..... whom details given above for new Insurance Proposal Silver / Gold Scheme and confirm that the relevant instalment sum (Rs. 1000/= Rs.600/=). Recovered from his/her salary and credit to the Account of National Insurance Trust Fund Board.

Name of the head of institution .....

Position .....

Signature ..... Date .....

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