



THE UNIVERSITY OF BURDWAN

RAJBATI, BURDWAN-713 104

WEST BENGAL, INDIA

**Phone** : 0342-2634975 **EPABX** Extn. 230

**Fax** : (091)-342-2530452 **E-Mail**: [fo@buruniv.ac.in](mailto:fo@buruniv.ac.in)

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Notification

Date – 15.03.16

All employees of the university are requested to fill the prescribed form/ forms related to Mediclaim insurance policy with B.O.I. /N.I.C. Durgapur and submit the same positively by 17.03.16 at the Mediclaim Section of the Finance Department. The form may be downloaded or collected from the Mediclaim unit of the Department.

Finance Officer, B.U.



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To

Date :

The Finance Officer

The University of Burdwan.

Sub: Inclusion of myself/family members/both under NIC Durgapur Group Insurance scheme for the period April'2016 to March'2017

Sir,

I will be very grateful to you if you kindly include me/family members/both under NIC Durgapur Group Insurance scheme for the period April'2016 to March'2017 as detailed below.

1. Name :
2. P.F. code :
3. Department:
4. Name of dependent family members with date of birth:
5. Existing sum assured:
6. Proposed sum assured:
7. Contact No:

The necessary premium may be deducted from my salary as per norms

Thanking You,

Yours faithfully,