

Defence Civilians Medical Aid Fund (DCMAF)
(Application Form for Joining the Fund)

I hereby apply for membership of the Fund. My particulars are as under:-

1. Name of the Applicant :
2. Date of Birth :
3. Date of Retirement :
4. Employment No. :
5. Rank/Designation/Post Held :
6. Complete Address of the Office Where Employed :
7. Present Level Pay Matrix :
8. Present Pay :
9. **Details of Payment of Membership Fee:** :
(a) Membership Subscription Rs,.....

10. **Payment by local Members in following DCMAF Saving Bank Accounts :**

By Cash:-

- (i) Axis Bank, E-Block A/c No. 007010100288156
- (ii) Syndicate Bank, South Block A/c No. 90552010054583

Station _____

Signature of the Applicant

Date _____

Fee Structure:

Level in Pay Matrix	Full Service Membership Fee (in ₹)	Additional Amount (in ₹)
1 to 5	800	120
6 to 8	1200	200
9 to 12	1600	400
13 to 18	2000	800

IMPORTANT INSTRUCTIONS:-

- This form should be completed in all respects by the applicant.
- The applicant must deposit the subscription amount as per his/her Pay Level with one of the authorized Saving Bank Accounts of DCMAF and submit the original Counterfoil with the application.
- If the subscription is realized by the local Heads from more than two members, consolidated amount may be deposited in one of the above stated Saving Bank Accounts of DCMAF and submit the original Counterfoil with the application.
- Enclose a copy of latest salary slip with this application form.
- Application form should be forwarded through concerned admin authority.

NOTE : This application form shall be maintained by the office in which the member of the Fund is serving. In case of transfer this authority should also be sent to the Head(s) of the concerned Establishment (s) to effect further recovery of subscription from the members (other than the donors i.e. full service members)