

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

<b>Month</b>						
<b>Contribution</b>						

<b>Month</b>						
<b>Contribution</b>						

**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.**

<b>Month</b>	<b>Total Amount paid for the month</b>	<b>Cheque Number</b>	<b>Date of Payment</b>

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.