



UCOBANK RETIREES' ASSOCIATION KARNATAKA (Regd)

(Regd as S.No: 699/97-98 Dated 20/01/1998 with the
Registrar of Societies, Karnataka)

Regd Office: C/o UCOBank, 3rd Floor, 13/22, Kempegowda Road, Bangalore-560009
Website: urakar.com



UBRA-KAR/CIR/105/2014-2017

22/03/2017

To All Members of our Unit.

Dear Comrades,

Sub: AIUCBOF Welfare and Benevolent Trust

**Ref : Ref: No.132/2015-18 dated: 22.03.2017 from
UCOBank Officers' Association, Karnataka (AIBOC)**

We have been informed by UCBOA (Kar) (AIBOC) that members should submit the Annual donation to the Trust for the year 2017-2018 so that their membership is kept alive. The applications duly filled up along with the respective Cheque DD favouring AIUCBOF Welfare & Benevolent Trust, payable at Kolkata should reach Com. B. Anand, UCO Bank, Asset Management Branch, 1st Floor, K.G.Road, Bangalore-560009 on or before 23/04/2017 as the Cheques DDs have to be submitted to their Federation. The Circular issued by the Association is reproduced. All officers of erstwhile UCBOA (AIBOC), Head Cashiers and Special Assistants who had become members of the Scheme are requested to renew their membership within the stipulated time frame.

Yours faithfully,

Ravindra Krishna
Honorary Secretary



UCOBANK OFFICERS ASSOCIATION (Karnataka)
Regd office: 13/22 Kempegowda Road, Bangalore 560009
Affiliated to All India UCOBank Officers' Federation
(An Affiliate of AIBOC)



Ref: No. 133/2015-18

Date: 22.03.2017

The General Secretary,
UCO Bank Retirees' Association,
Karnataka, Bangalore

Dear Sir,

Subject: Medical Aid Scheme 2017-18 - Donation to Medical Aid Corpus Fund

All Comrades in the Zone

We have received communication from AIUCBOF Welfare & Benevolent Trust, Kolkata vide their Circular No.02/2017-18 dated 03.03.2017 advising members of the Trust to send Donation amount payable under Medical Aid Scheme for the year 2017-18 are as hereunder;

- | | |
|--|-----------|
| (a) Serving Officer / Supervisory Staff along with dependent Spouse,
Children and Parents | Rs.1500/- |
| (b) Retired Member along with dependent Spouse | Rs.2500/- |
| (c) Associate Member | Rs.2500/- |



A Unit of All India UCOBank Pensioners' Federation, Kolkata
Affiliated to All India Banks' Pensioners' and Retirees' Confederation



Address for Correspondence : C/o Ravindra Krishna, # 9, Krishna Block, 1st Main, Seshadripuram,
Bangalore-560020. Ph. : 080-23369434, Mob : 0-9448041842, E-mail : ravikru@gmail.com

We would like inform members that all forms related to our medical aid scheme are available in our Welfare & Benevolent Trust's web site address i.e.

www.aiucbofwelfaretrust.com.

However, we enclose herein the requisite Forms as mentioned below to be used by our Comrades

- 1 Application for enrolment of New membership
- 2 Application for Associate Membership.
- 3 Application for Donation to Medical Aid Scheme 2017-18

Members are requested to route/submit their application duly filled in with DD/Cheque drawn favouring AIUCBOF Welfare & Benevolent Trust, payable at Kolkata to the under signed on or before 23.04.2017 for onward submission of the same to Trust by us on or before the end of the month.

We request our Members to take active role and participate in the scheme of noble cause and charity to help our own Comrades and their family who are in distress.

Please treat the Matter as Most Urgent.

With Warm Greetings,

Sd/-

R.G.Hebbar
General Secretary
UCBOA- AIBOC
Karnataka Unit

APPLICATION FORM FOR DONATION TO MEDICAL AID SCHEME.

Permanent Address: (with pin code)

**The Chairman
AIUCBOF Welfare & Benevolent Trust
Flat 1-B, 1st Floor
1-B Apurba Mitra Road,
Kolkata – 700 026.**

Through: Trustee / Special Invitee

Dear Sir,

Date:

I am a (**Serving Officer / Supervisory Staff / Retired / Associate**) Member of the Trust and my Membership Number is...../...../...../.....

I read the Medical Aid Scheme applicable to me of the Trust and shall abide by the rules of the said Scheme.

I agree that the decision of the Trustees in the matter of providing Medical Aid to the Members and the dependents shall be final and no Member shall dispute the decision of the Trustees, regarding the quantum of Medical Aid provided by the Trust.

I wish to donate Rs..... to the Trust towards Medical Aid Scheme 2017-18, vide DD / Cheque No.....dated.....favouring AIUCBOF Welfare & Benevolent Trust drawn by UCO Bank..... Branch, drawn on UCO Bank..... Branch **KOLKATA** which may please be accepted. Kindly send me the Receipt for the donation made, at your earliest. **The Demand Draft must be drawn on Kolkata Service Branch.**

Yours faithfully

(Signature)

Name :
(In Block Letters)

EMP No. : **Mobile No.**

E-Mail Id:
Present Branch/Office:

(Applicable for Serving Members only)

Encl.: DD / Cheque

Particulars of dependents as per Bank's Scheme for hospitalisation reimbursement (dependent spouse, dependent children and dependent parents in case of serving member) and dependent spouse only in case of Retired Member. Incase of ASSOCIATE MEMBER 'SELF' only.

Sl. No.	Name	Relationship	Details of Preexisting disease/Injury, if any
1		SELF	
2			
3			
4			
5			

Donation

1. Serving Member – Rs.1500/=
2. Retired / Associate Member – Rs.2500/=



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With Warm Greetings,

Sd/-

R.G.Hebbar
General Secretary
UCBOA- AIBOC
Karnataka Unit

APPLICATION FOR ASSOCIATE MEMBERSHIP

Date:

D	D	M	M	Y	Y	Y	Y
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To
The Chairman,
AIUCBOF Welfare & Benevolent Trust,
Flat 1-B, 1st Floor
1-B Apurba Mitra Road,
Kolkata – 700 026.

Photograph
of spouse

Through : Trustee. Special Invitee

Dear Sir,

I am a member of the Trust and my Membership Number is _____

I request you to admit my Spouse Shri / Smt _____
as an "ASSOCIATE MEMBER" of the Trust.

I hereby donate a sum of Rs.1510/= vide Cheque /DD/Pay Order No. _____ dated _____
favoring AIUCBOF Welfare & Benevolent Trust drawn by UCO Bank _____ branch and drawn on UCO Bank _____
branch Kolkata, which is **non – refundable**, as Membership and Admission fee. (Rs.1500 + Rs.10/=) for admitting my Spouse
as an "ASSOCIATE MEMBER" of the Trust. The details of my Spouse are as under:-

Name of the Spouse _____

Date of birth _____ Occupation _____

Residential address _____

Contact No. (Land Line) _____ Mobile _____

14 Digit S.B. A/c No. _____ Branch Name _____
(With UCO Bank with Branch Name)

Blood Group _____

Signature of the Spouse _____ Yours faithfully

Signature

Name of the Member _____

PFM No. _____

Membership No _____

Present Posting _____

Enc: Cheque/DD/Pay order Address _____

Email _____

12. Particulars of dependents :

Sl. No.	Name (in full)	Relation	Date of Birth (mere age not Sufficient)	Address

13. Particulars of Nominee :
(if it is other than spouse only)

a. Name :

b. Relationship :

c. Occupation :

d. Date of Birth :

14. I hereby confirm and declare that the particulars furnished above are true and correct to the best of my knowledge. I also declare that I am not a member of any other Trust having the same objective and extending similar benefits.

Yours faithfully,

[Signature]

FOR OFFICE USE

1. Date of Receipt of Balance amount :
2. Membership No. :

KOLKATA :

DATE :

CHAIRMAN / SECRETARY