FORM A
Application for enrolment

To
The Competent Authority
Maavoi West Bengal Health Scheme for the Journalists, 2016
Information & Cultural Affairs Department
Government of West Bengal

Sir,

I, Shri/Smt. …………………………………………………………… (designation)…………………………………………..
attached to ………………………………………………………………… under …………………………………………………………..
do hereby opt. for coming under the “Maavoi - West Bengal Health Scheme for the Journalists, 2016”,
with effect from ………………………………… .

The particulars of the members of my family as defined in clause (iv) of the Scheme are as
follows:

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<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Monthly Income, If any</th>
<th>Affix stamp Size Photo</th>
<th>Signature of the beneficiary</th>
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I hereby declare that the particulars furnished by me are true to the best of my knowledge & belief and I shall abide by the provisions of the "Maavoi - West Bengal Health Scheme for the Journalists, 2016", as may be in force from time to time.

Counter Signature of the Editor/ Channel Head/ News Editor with Seal & Date

Signature of the Applicant with Date

(NB:- In support of relationship, please attach self attested photocopy of voter I D Card /Aadhar Card / Ration Card / Passport/ Driving Licence/Pan Card/Birth Certificate. Monthly income certificate depending parents to be submitted, as prescribed in the guidelines.)