

Fraternity Benefit Claim Application Format from "Doctors Corpus Fund"

(To be forwarded through proper channel – Head of Institution last served)

Sl. No	Details to be furnished			
1	Name of the Deceased Doctor and the Last Station where He / She worked			
2	Name of the Institution where last worked			
3	TNMSC Regn.Number of the Deceased Doctor			
4	Date of Joining in Regular Government Service by Deceased Doctor			
5	Total No. of Years of Service rendered by the Deceased Doctor			
6	Name of the Legal Heir / Nominee and age			
7	Present address			
8	Permanent address			
9	Name of the Nominees as per Doctors Corpus Fund Application Age and Relationship	Nominee Name	Age	Relationship
10	Contact Mobile Number of the Claimant and Mail ID (if available)			
11	Date of Death and along with attested copy of discharge/death summary issued by the hospital			

12	Cause of Death along with attested copy of discharge/death summary issued by the hospital	
13	Attested copy of discharge/death summary issued by the hospital	
14	Attested copy of Death Certificate	
15	Attested copy of Legal heir Certificate	
16	Attested Aadhar Copy of the deceased Doctor	
17	Attested Aadhar Copy of all Legal heirs / Nominee	
18	<p>First Page copy of the Bank Pass Book of the Legal Heir / Nominees who is applying for Doctors Corpus Fund Note: -if more than one nominee each nominee details required separately</p> <p>1 Name & Branch of the Bank 2. Branch Code. 3. SB A/c No. 4. IFSC Code No</p>	
19	Attested Pan card copy of all Legal heirs	
20	Employment proof of the Deceased Doctor from the immediate officer of the last station, where the deceased Doctor worked.	B
21	Date of Joining in Doctors Corpus fund	
22	Amount subscribed to Doctors Corpus Fund so far	