

# INDIAN INSTITUTE OF SCIENCE PENSIONERS' ASSOCIATION. BANGALORE

## REQUEST FOR FINANCIAL ASSISTANCE FROM THE BENEVOLENT FUND

**Applicable rules:**

- a) As per rules of the IISc Pensioners' Benevolent Fund, Assistance is given only to those who have contributed a minimum sum of Rs 1000/- to the IISc Pensioners' Benevolent Fund and Rs. 500/- to the general fund.
- b) The member should claim for reimbursement first From IISc and then submit along with a CERTIFICATE from IISc for the disallowed amount.
- c) **For non CHSS member: Submit all the documents in original.**
- d) The following applies to all types of assistance:
  - If any amount is received from any other source, total amount received Rs.
  - Mention the financial assistance received, if any, during the current year (1<sup>st</sup> April to 31<sup>st</sup> March) from the Pensioners' Association other than the assistance sought now.
- e) Reimbursement will be considered as per the Benevolent Fund Rules.

1) Member's name ..... Membership No .....

2) Gross monthly pension ..... Rs.

**Application:**

- a) Strike off whichever is not applicable.
- b) Tick ( ✓ ) whichever is applicable.

Education	Marriage	Medical Assistance (Hospitalisation)	Eye	Dental	Artificial Appliances	Day Care	Death
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4) Dependent's name .....(Spouse/Son/Daughter)

5) If the dependent is earning, the total earnings per month ..... Rs.

6) Date of birth of the dependent

**ENCLOSURES AS RELEVANT TO REQUIRED ASSISTANCE.**

[ Wherever space is insufficient, attach a separate sheet ]

**1. a) Medical assistance:**

- Discharge Summary copy
- Total claim Rs.  Amount disallowed by IISc Rs.

**b) Dental:**

- Treatment details from the dentist.
- Amount claimed Rs.  Amount disallowed by IISc Rs.

c) **Eye:**

- Prescription from the Ophthalmologist.
- Cash receipt from the shop from where spectacles was purchased.

➤ Amount claimed Rs.  Amount disallowed by IISc Rs.

d) **Day Care:**

- Name of the Hospital/ Nursing Home .....
- Treatment details by the Doctor concerned.

➤ Amount claimed Rs.  Amount disallowed by IISc Rs.

e) **Artificial appliances:**

- Certification by the concerned Doctor for the quality and the name of the appliance.

➤ Amount claimed Rs.  Amount disallowed by IISc Rs.

- 2) **Marriage:** The Marriage certificate issued by the competent authority either in Original or the copy certified by the Secretary, IISc Pensioners' Association.

3) **Education:**

- Admission letter from the concerned Institution
- Tuition fee receipt in original
- Receipt for the Books/ Aids purchased for the year in **original**.

4) **In case of death of a member:**

- Original Death certificate from the Corporation/Municipality of the city concerned or any other Competent Authority.

**Declaration:** The information provided by me in the application form is true to the best of my knowledge and belief.

In case any of the information given is found to be false, I undertake to refund the amount in full and also abide by the Management Committee's decision in this regard.

Signature  
(Name)

Place : .....

Date : .....

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**FOR OFFICE USE ONLY**

Considered by the Managing Committee on .....

Sanctioned a sum of Rs

President

Name of the Claimant : .....

<b>Checklist</b>
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Tick (✓) Whichever is applicable
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- |   |                          |
|---|--------------------------|
| a) Amount disallowed Certificate from IISc        | <input type="checkbox"/> |
| b) Original Bills if non member of CHSS           | <input type="checkbox"/> |
| c) Discharge Summary (copy)                       | <input type="checkbox"/> |
| d) Receipt for Purchase of Spectacles             | <input type="checkbox"/> |
| e) Marriage Certificate                           | <input type="checkbox"/> |
| f) Admission Letter from the Institution          | <input type="checkbox"/> |
| g) Tuition fee and other receipt where applicable | <input type="checkbox"/> |
| h) Death Certificate                              | <input type="checkbox"/> |
| l) Pension Limits                                 | <input type="checkbox"/> |
| j) Others, if any                                 | <input type="checkbox"/> |