



# KSSIA Social Security Fund (KSSF)

Original

X/26A, HMT Ancillary Industrial Estate, HMT Colony P.O., Kalamassery- 683 503, Emakulam District

[KSSF] Ph: 0484- 2532120. Mob: 8129368484 , Fax : 2532118 [kssftrust@gmail.com](mailto:kssftrust@gmail.com) [www.kssia.com](http://www.kssia.com)

SI. No.	APPLICATION FORM				Photograph
1.	Name of Applicant (With Capital Letters)				
2.	Name of MSME/SSI:				
3.	Designation of Applicant:				
4.	Address of MSME/SSI Unit (with Pin code):				
5.	Residential Address:				
6.	Telephone Nos. (with STD Code):	Office	Residence	:Mobile-1	Mobile-2
7.	E-mail Address:	Web:			
8.	Date of Birth & Age:			Age:	
9.	Udyog Aadhaar No.				
10.	MSME/SSI Unit registered in which district of KSSIA & if Current or not.			Yes/No	
11.	Nature of Industry:				
12.	Items Manufactured:				
13.	Type of Business: Proprietorship/ Partnership				
14.	Have you been diagnosed for any major illness				
15.	If Yes, mention diseases				
16.	Currently Covered by any other Mediclaim / Health Insurance		If Yes, Name of Company & Policy No:		
17.	Have your insurance application ever been rejected		YES / NO		
18.	Nominate maximum of two persons to receive the funds:				
	Name		Relationship	% of funds	
a)					
b)					

## DECLARATION

I hereby declare that the information given above is true and correct to the best of my knowledge. I have read and understood the bye-laws governing the KSSIA Social security Fund and I shall abide by them, failing which I fully know that I will cease to be a member, The membership fee & application fee of Rs. 15,500 is hereby enclosed bearing DD, Cheque No. \_\_\_\_\_ Dt. \_\_\_\_\_ of Bank, drawn in favour of "KSSIA Social Security Fund", payable at Ernakulum.

Seal of MSME unit/SSI



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Duplicate

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Seal of MSME unit/SSI  
Date:

Applicant

Signature of

**Bank Details:**

**State Bank of India**

**SBI Account No. 67106793162**

**IFSC Code : SBIN0070145**

**Br. Kalamassery**

**Contact no . 8129368484 KSSF**

**SCAN & PAY**



KSSFKALAMASSERY@SBI