

APPLICATION FOR RETIREMENT BENEFITS
FROM THE PROFESSIONAL JOCKEYS TRUST OF INDIA

1. Name of Jockey :
 (Any other name/names)
2. Age & Date of Birth :
3. Parent centre :
4. Total Service :
5. Reason for retirement
 (Tick the column) :



- | | | |
|----------------------------|---|--------------------------|
| (a) Due to Old Age | : | <input type="checkbox"/> |
| (b) Due to Disability | : | <input type="checkbox"/> |
| (c) Due to Natural ailment | : | <input type="checkbox"/> |
| (d) Death | : | <input type="checkbox"/> |
| (e) Other reason | : | <input type="checkbox"/> |

6. Next of kin :
 (in the case of death only)

(a) CERTIFICATE TO BE FILLED UP AND SIGNED BY THE JOCKEY

I have renewed my licence last on _____ and I was riding at _____ till _____ .

I hereby certify that the above given details are true to the best of my knowledge, belief and information (A copy of the licence renewed last is hereby enclosed).

Signature :

(Name in block letter) :

(b) CERTIFICATE TO BE FILLED UP AND SIGNED BY THE COUNCIL MEMBERS

We the Council Members of the _____ Chapter hereby certify that on the strength of the information furnished by the Jockey/wife/next of kin Mr./Mrs. _____ the retirement benefits may be released in his/her favour.

Name of the Council Members

Signature

- 1.
- 2.
- 3.
- 4.

(c) CERTIFICATE TO BE FILLED UP AND SIGNED BY THE CLUB DOCTOR ONLY
(In case of disability or Natural ailment)

I hereby certify that Jockey _____ is unfit to carry out his profession duties due to _____ and he/his next of kin Mr./Mrs. _____ is eligible for the retirement benefits from the Jockeys Association of India.

Place : Name :
 Date : Signature/Seal :

(d) CERTIFICATE TO BE FILLED UP AND SIGNED BY THE JOCKEY:

I Jockey_____ hereby declare that I have given up my profession as Jockey and surrendered my licence to the club. Kindly grant me my Retirement Benefits. I assure you and undertake that I will not ride as a professional rider in any recognised racing centre in the world. A letter from the Club regarding surrendering of my licence is hereby enclosed for your reference and record. In the event if I wish to renew my licence, I will pay back the entire amount, which I received through retirement benefit along with an interest amount of 12% per annum from the date of availing benefit till the date of repayment.

Name /Signature

I wish to continue the family Mediclaim policy for the next three years. I request you to kindly deduct the 50% of my premium towards mediclaim for the next three years from my retirement benefits.

Name /Signature

(e) CERTIFICATE TO BE FILLED UP AND SIGNED BY THE NEXT OF KIN

I/We, Mr/Mrs/Ms. _____ Wife/Daughter/Mother/Son/Father of Late Jockey _____ is the next of Kin and I/we are the only eligible person/s to collect the Retirement Benefits from the Association. I/We hereby enclose the succession Certificate/ Deed of Guarantee/Indemnity Bond for your reference and record.

Place : ()

Date : NAME IN BLOCK LETTERS

Signature

7. DOCUMENTS TO BE FURNISHED :

- (a) Certificate of licence renewed last from the Club.
- (b) Letter of surrender of licence from the concerned Club.
- (c) Certificate from the Club Doctor (stating the exact cause of disability)
- (d) Death Certificate, Succession Certificate from a competent Court/Indemnity Bond/Deed of guarantee (in the case of death only)
- (e) Statement of contribution made by the jockey from 1991 onwards failing which a sum of Rs. 5,875/- p.a till 2007-08 & Rs. 10,850 p.a for the year 2008-09 & 2009-10 will be deducted from the retirement towards compulsory contribution to J.A.I and P.J.T.I.
From 2010-11 any Members who fail to pay Compulsory Contribution of any particular year will not be eligible to claim retirement benefits for that particular year.

Permanent/Present Address

Sanctioned by the Trustees

President

Acting Secretary

Treasurer

Vice-President

Vice- President

Vice-President