



Ref No: CIL/PRB/CPRMSNE/LC/2026/

Date: 26.10.2026

Notice

Subject: Submission of Life Certificate by CPRMSNE beneficiaries

It is hereby informed to all concerned CPRMSNE beneficiaries of Coal India Limited that beneficiaries are requested to submit their Life Certificate through email for updation and continuation of the relevant benefit records.

The Life Certificate may be submitted as follows:

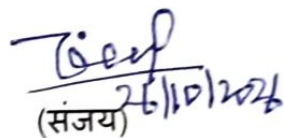
- Email ID: **cilc.prb@coalindia.in**
- **Subject of Email:** Life Certificate – [Name of Beneficiary] – [CPRMSNE/Card No.]
- **Attachment:** Scanned copy/PDF of the duly completed and signed Life Certificate/digital life certificate along with a copy of their medical card (**Annex-A**).

If Jeevan Pramman/ Digital Life Certificate is submitted, then the PDF copy of (self & Spouse with CPRMS-E Card Number written) may be submitted to the email-id:

cilc.prb@coalindia.in

Beneficiaries are requested to ensure that the Life Certificate is clearly legible and contains the necessary particulars for identification and processing.

This notice is issued for information and necessary action of all concerned.


(संजय)

महाप्रबंधक (कार्मिक/पीआरबी)

प्रतिलिपि /Distribution (through email) :

1. General Manager (E&T), CIL, Kolkata – with a request to kindly display the same in signage immediately till 30.11.2026.
2. General Manager (Sys.), CIL, Kolkata – with a request to kindly upload the same in CIL website in scroll bar for information to all.
3. TS to Director (HR)/ Director (Mktg.)/ Director (BD)/Director (Fin.)/Director (Tech.).
4. All CPRMSNE beneficiaries.



Life Certificate ^[35]

TO BE SUBMITTED BY CPRMSNE BENEFICIARY IN NOVEMBER EVERY YEAR

- A. This is to certify that Shri _____ and Smt. _____ holder of the Post-Retirement Medical Card Number (Couple Membership): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

OR

- B. This is to certify that Shri / Smt. _____ husband / wife of Shri/Smt. _____ holder of the Post-Retirement Medical Card Number (Single Membership): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

****Strike off whichever is not applicable***

The signature/s of the above mentioned person(s) is /are attested hereunder:
(Note: In case of couple membership signature of both beneficiaries i.e. ex-employee and spouse is mandatory)

Signature of Retired executive

Name (Shri/ Smt) :

Contact No :

Aadhaar Card No :

Date :

DD / MM / YYYY

Signature of spouse

Name (Shri/ Smt) :

Contact No :

Aadhaar Card No :

Date :

DD / MM / YYYY

Signature of Registered Medical Practitioner with Reg. No OR
Gazetted Officer of Central/ State Govt. OR

The Branch Manager of the Bank where the retired executive/ spouse is holding S.B A/c OR
Any officer of the company from where the medical facility is obtained
with seal/ stamp

DECLARATION

*I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-NE Policy clause No. 02 and declare that if any facts to the contrary are detected, the Company (CIL or Subsidiary Company) shall be free to cancel said benefits without any further reference to me/us.

Place: _____

Date: _____

Signature of the Beneficiary