



A Maharatna Company

COAL INDIA LIMITED (HQ), KOLKATA

Annexure-A

POST-RETIREMENT MEDICAL CARD

CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES

Registration No:

Photograph of Retired Executive	Photograph of Spouse	Photograph of Nominee

DOB of Employee:

DOB of Spouse:

DOB of Nominee:

1a.	Name of Retired Executive with EIS No		
1b.	PAN No		Aadhaar No
2a.	Name of Spouse		
2b.	PAN No		Aadhaar No
3	Date of retirement		
4	Designation & Grade at the time of retirement		
5	Scale of pay & basic pay as on D.O. R		
6	Company along with / Mine / Establishment / Unit from where Retired		
7	Company / Establishment where Registered for Medical Benefits under the scheme		
8	Correspondence Address with PIN Code		
9	Name of the Nominee with relationship		
10	Address of the Nominee		
11	Company opted for claiming reimbursement		
12	Mail-id & Contact No.		

DECLARATION

Certified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public Sector Undertaking / Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent.

(Signature of Retired Executive)

(Signature of Spouse)

(Signature of Nominee)

FOR OFFICE USE

Received Rs..... Vide Draft No.....Dated.....

Date, Stamp & Signature of Receiving Officer

Validity Period of the Card: From.....To.....

Signature of Issuing Authority with seal

Date of issue.....