



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

- I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-E Policy clause no:2 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.
- I/ We hereby declare that particulars given above are correct and complete and if the transaction is delayed or credit is not available or credit is not affected due to incorrect information, I/we will not hold Coal India Ltd. responsible.

(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.....