

कील इण्डिया लिमिटेड

10, नेताजी सुभाष रोड, कलकत्ता-700 001

फोन : 220-9980, ग्राम : कोलइण्डिया

टेलिक्स : 21-7180, सीआईएल इन



Coal India Limited

10, NETAJI SUBHAS ROAD, CALCUTTA-700 001

PHONE : 220-9980, GRAMS : COALINDIA

TELEX : 21-7180 CIL IN

No. CIL/ C5C/CPRMSE/ 180

Date: 03.03.2010

Office Order

Further to this Office Order No. CIL/C5C/CPRMSE/145 dated 31.10.09 regarding submission of 'Life Certificate' by the retired executives and/or spouse every year in the month of December, the 'Life Certificate' may also be issued by an officer of the company from where the medical facility is obtained, besides the persons as indicated in the above mentioned Office Order dated 31.10.09. A format of the 'Life Certificate' is enclosed for all concerned.

This issues with the approval of the Competent Authority.

Encl. As stated

(A.K. Verma)
Chief General Manager (Welfare)

Distribution:

Directors - Technical/P & IR/Marketing/Finance – CIL, Kolkata
CMDs – ECL/BCCL/CCL/WCL/SECL/NCL/MCL/CMPDIL
Directors – Personnel/Finance - ECL/BCCL/CCL/WCL/SECL/NCL/MCL
Director (Tech.)/(Operation) - CMPDIL
CVO, CIL, Kolkata
E.D. – IICM, Ranchi
CGM/TS to Chairman, CIL, Kolkata,
C.G.M. (Finance) , CIL, Kolkata
C.G.M., NEC
CGM, CIL, New Delhi
E.D. (MS), CIL – CCL, Ranchi
Chief of Medical Services - ECL/BCCL/CCL/WCL/SECL/NCL/MCL
I/C GM, CCL
CPM (EE), NCL
Dy CPM (EE), SECL, ECL,
Dy. CME (EE), WCL
HOD (EE) –BCCL
T.S. to Director (P & IR) CIL, Kolkata
PM (Welfare), MCL,
Estate Manager (W), CMPDIL ,
Medical Supdt., CIL, Kolkata
All RSMs, RSOs, CIL

LIFE CERTIFICATE

To whom it may concern

This is to certify that Shri _____ son of
_____ / Smt _____ wife of
_____ residing at _____
_____ is known to me.

Shri/Smt _____ is alive at the time of issuing this certificate. This
certificate is issued for release of payment for outdoor/domiciliary treatment. The signature of
Shri/Smt _____ is attested hereunder.

Shri/Smt _____

Signature Attested

*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*

Date: