



A Maharatna Company

MEDICAL CARD

Annexure-A

CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES

Registration No:

Photograph of the Retired Executive	Photograph of the Spouse	Photograph of the Nominee

DOB of Employee:		DOB of Spouse:		DOB of Nominee:	
1	Name of the Retired Executive with Employee No.				
2	Name of Spouse				
3	Date of retirement				
4	Designation & Grade at the time of retirement				
5	Scale of pay & basic pay as on the date of retirement				
6	Company along with / Mine / Establishment / Unit from where Retired				
7	Company / Establishment where Registered for Medical Benefits under the scheme.				
8	No. and date of Demand Draft remitted with name of the Issuing bank				
9	Permanent Address				
10	Present Address with Telephone No.				
11	Name of the Nominee with relationship, if any.				
12	Address of the Nominee				
13	Company opted for claiming reimbursement				
14	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 (applicable for executives who have retired prior to 01.01.07).

(Signature of Retired Executive)

(Signature of the Spouse)

(Signature of the Nominee)

FOR OFFICE USE

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

Date, Stamp & Signature of Receiving Officer

Signature of Issuing Authority with seal

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

Date of issue.....