



A Maharatna Company

MEDICAL CARD

Annexure-A

CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES

Registration No:

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Photograph of the Retired Executive	Photograph of the Spouse	Photograph of the Nominee
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DOB of Employee:	DOB of Spouse:	DOB of Nominee:
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1a.	Name of the 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 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	Permanent Address		
9	Present Address with Telephone No.		
10	Name of the Nominee with relationship		
11	Address of the Nominee		
12	Company opted for claiming reimbursement		
13	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 the Spouse)

(Signature of the Nominee)

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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.....