MEDICAL CARD



CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES

Registration No:

Present Address with Telephone No.						
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. 15 Declaration 15 Declaration 16 Permanent Address No. 16 Permanent Address No. 17 Declaration 17 Declaration 18 State Govt. Publicetor 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). 18 FOR OFFICE USE 18 DOB OF THE NO. 18 DOB OF						
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. 15 Declaration 15 Declaration 16 Permanent Address No. 16 Permanent Address No. 17 Declaration 17 Declaration 18 State Govt. Publicetor 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). 18 FOR OFFICE USE 18 DOB OF THE NO. 18 DOB OF						
DOB of Employee: DOB of Spouse: DOB of Nominee: 1 Name of the Retired Executive with Employee No. Name of Spouse						
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. 15 Declaration 15 Declaration 16 Permanent Address No. 16 Permanent Address No. 17 Declaration 17 Declaration 18 State Govt. Publicetor 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). 18 FOR OFFICE USE 18 DOB OF THE NO. 18 DOB OF						
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. 15 Declaration 15 Declaration 16 Permanent Address No. 16 Permanent Address No. 17 Declaration 17 Declaration 18 State Govt. Publicetor 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). 18 FOR OFFICE USE 18 DOB OF THE NO. 18 DOB OF						
Name of the Retired Executive with Employee No. Name of Spouse Date of retirement Scale of pay & basic pay as on the date of retirement Company along with / Mine / Establishment / Unit from where Retired Company / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Permanent Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Address of the Nominee with relationship, if any. Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicator 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)						
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 Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicetor 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					DOB OF NOTHINEE.	
Date of retirement Designation & Grade at the time of retirement Scale of pay & basic pay as on the date of retirement Company along with / Mine / Establishment / Unit from where Retired Tompany / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address No. and date of Demand Draft remitted with name of the Issuing bank Name of the Nominee with relationship, if any. Address of the Nominee with relationship, if any. Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicator 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			e with Employee No.			
Designation & Grade at the time of retirement Scale of pay & basic pay as on the date of retirement Company along with / Mine / Establishment / Unit from where Retired Company / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Permanent Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicetor 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						
Scale of pay & basic pay as on the date of retirement Company along with / Mine / Establishment / Unit from where Retired Company / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicetor 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	1		C (
Company along with / Mine / Establishment / Unit from where Retired Company / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicetor 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						
from where Retired Company / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicetor 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) FOR OFFICE USE eccived Rs	5					
Company / Establishment where Registered for Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicator 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						
Medical Benefits under the scheme. No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicator 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						
No. and date of Demand Draft remitted with name of the Issuing bank Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Tertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicator 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						
of the Issuing bank Permanent Address Present Address with Telephone No. Name of the Nominee with relationship, if any. Company opted for claiming reimbursement Mail-id & contact No. Declaration Tertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicetor 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	_	No. and date of Demand Draft remitted with name				
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 Sertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public ector 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 eceived Rs	8					
Name of the Nominee with relationship, if any. Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Sertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public ector 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 eceived Rs	9					
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 Pertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public ector 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 eceived Rs	10	Present Address with Telephor	ne No.			
Address of the Nominee Company opted for claiming reimbursement Mail-id & contact No. Declaration Sertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public ector 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 eceived Rs	11					
Company opted for claiming reimbursement Mail-id & contact No. Declaration Sertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public ector 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 eceived Rs	12		1 2			
Mail-id & contact No. Declaration Sertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Public ector 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 eceived Rs						
Declaration Sertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publicector 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 eccived Rs						
rertified that myself and my spouse are not availing any medical facilities from or through the Central / State Govt. / Publication of the Central / State Govt. / Publication of 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 eccived Rs						
ector 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 eceived Rs	Cartifi	ad that musalf and my snausa ara			m or through the Central / State Govt / Bubli	
(Signature of Retired Executive) (Signature of the Spouse) (Signature of the Nominee) FOR OFFICE USE eceived Rs					=	
(Signature of Retired Executive) (Signature of the Spouse) (Signature of the Nominee) FOR OFFICE USE eceived Rs						
FOR OFFICE USE eceived RsDated	(Approximation and anti-control process of the control process of th					
FOR OFFICE USE eceived RsDated						
FOR OFFICE USE eceived RsDated		(6) . (5) . (5)	/c:		(6)	
eceived RsDatedDated		(Signature of Retired Executive)	(Signature of th	e Spouse)	(Signature of the Nominee)	
eceived RsDatedDated						
			FOR OFFIC	CE USE		
ate, Stamp & Signature of Receiving Officer	Receive	ed Rs\	/ide Draft No		Dated	
rate, stamp & signature of neceiving Officer	Dato C	tamn & Signaturo of Possiving Officer				
	vale, 3	tamp & Signature of Necelving Officer				
Signature of Issuing Authority with seal					Signature of Issuing Authority with seal	
alidity Period of the Card FromToTo	Validity Period of the Card FromToTo				Date of issue	