



COAL INDIA LIMITED
10 NETAJI SUBHAS ROAD
KOLKATA – 700001

No. CIL/C-5A(vi)/Rule 12 (iii)&(iv)/ **28**

Date : 14.07.2011


OFFICE MEMORANDUM

Sub : **Medical Attendance Rules**

Reg : Rule 12 (iii) & (iv) – Dependent Details

Vide CIL's OM No.CIL/ C-5A(vi)/Rule 12 (iii)&(iv)/1594 dated 04.07.2011, a declaration form was annexed at **Annexure (A)** for submission by all Executives.

The said declaration form has been modified and is **annexed** herewith. As such, the declaration has to be now submitted in the said format.


(M N Ah) 14/7/2011
General Manager(P/PC)

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14. Chief Manager (P)/(MP&IR),CIL/ Sr.Manager (F)/(Estb.) / Dy.CMO, CIL , Kolkata
15. All Regional Sales Managers, CIL
16. Guard file

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Reg : Rule 12 (iii) & (iv) – Dependent Details**

DECLARATION OF FAMILY MEMBERS

I do hereby declare that-

1. The following are the details of my family :

Sl. No.	Name of Family Member(s)	Relationship	Date of Birth/ Age	Occupation	Income	If income above Rs.1500/- not dependent

2. The above declaration is true and, if at any stage, the contents of the above declaration are found to be incorrect, I shall be making myself liable for disciplinary action besides refunding the amount drawn for treatment of non-entitled family members.

Note : i) The dependents whose income from all source exceeds Rs.1500/- per month (including pension) as mentioned above are not dependent for medical benefits.

ii) As per Rule 12 note -(v) – Spouse will continue to be dependent for the purpose of these rules, irrespective of his/her official status as an employee elsewhere. This will be subject to submission of a declaration that he/she has not claimed the medical reimbursement from his/her employer to avoid double claim for an individual and a certificate from his/her employer to the effect that the Company is not paying medical reimbursement to him/her.
(Ref : OM No.CIL/C5A(vi)/50706/861 dated 20.5.2008)

SIGNATURE OF THE EMPLOYEE

Date :

Name _____
Design. _____
U.M No. _____

Signature of Personnel Executive

Name of the Unit :