

कोल इण्डिया लिमिटेड
(भारत सरकार का उपक्रम)
COAL INDIA LIMITED
(A Govt. of India Enterprise)
कोल भवन "COAL BHAWAN"
Premise No. 04, MAR, Plot No. AF-III
Action Area-1A, Newtown, Rajarhat
KOLKATA-700156 (WB)



एक महारत्न कंपनी
A Maharatna Company

PERSONNEL DIVISION
POLICY CELL

CIN: L23109WB1973GOI028844
E-Mail: policycell.cil@coalindia.in
Tel: 033-7110 4271
Website: www.coalindia.in

(An ISO 9001:2015, ISO 14001:2015 & ISO 50001:2011 Certified Company)

संदर्भ सं: CIL/C5A (PC)/CPRMSE/694

दिनांक: 02.07.2021

कार्यालय ज्ञापन

विषय: Revision in Life Certificate Format(CPRMSE)

The competent authority of CIL has approved revision in Life Certificate format under Contributory Post Retirement Medicare Scheme for Executives of CIL & its Subsidiaries (CPRMSE) for implementation with immediate effect.

The revised format is enclosed herewith for information and compliance by all concerned.

(नीला प्रसाद)

महाप्रबंधक (का./ नीति)

ई-मेल के माध्यम से वितरण:

1. D(T)/ D(M)/ D (P&IR)/ D (F)/ CIL
2. CMD, BCCL/ CCL/ CMPDIL/ ECL/ MCL/ NCL/ SECL/ WCL
3. CVO, CIL
4. D(P), BCCL/ CCL/ ECL/ MCL/ NCL/ SECL/ WCL
5. D(T/CRD), CMPDIL
6. CVO, BCCL/ CCL/ CMPDIL/ ECL/ MCL/ NCL/ SECL/ WCL
7. ED(Coordination)/ED(Community Development), CIL
8. GM(P/EE)/GM(Fin), CIL
9. GM, NEC
10. HoD, CIL New Delhi Office
11. HoD, IICM
12. Manager (P/PC), CIL – for uploading the OM in CIL website



LIFE CERTIFICATE

TO BE SUBMITTED BY CPRMSE BENEFICIARY IN NOVEMBER EVERY YEAR

- A. This is to certify that Shri _____, and
Smt. _____ holder of the Post-Retirement Medical
Card Number (**Couple Membership**): _____ residing at
_____ are known to me and alive at the time of issuing this certificate.

OR

- B. This is to certify that Shri / Smt. _____ husband / wife of
Shri / Smt. _____ holder of the
Post-Retirement Medical Card Number (**Single Membership**): _____
residing at _____
are known to me and alive at the time of issuing this certificate.

**Strike off whichever is not applicable*

The signature/s of the above mentioned person(s) is /are attested hereunder:

(Note: In case of couple membership signature of both beneficiaries i.e. ex-employee and spouse is mandatory)

Signature of Retired executive

Name (Shri/ Smt) :

Contact No :

Aadhaar Card No :

Date : ____/____/____
DD / MM / YYYY

Signature of spouse

Name (Shri/ Smt) :

Contact No :

Aadhaar Card No :

Date : ____/____/____
DD / MM / YYYY

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

DECLARATION

***I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-E Policy clause no:02 and declare that if any facts to the contrary are detected, the Company (CIL or Subsidiary Company) shall be free to cancel said benefits without any further reference to me/us.**

Place: _____

Date: _____

Signature of the Beneficiary