

EASTERN COALFIELDS LIMITED
(A Subsidiary of Coal India Limited)
Office of the Chairman-cum-Managing Director,
Sanctoria, P.O. Dishergarh, Dist. Paschim Bardhaman

DOCUMENTS to be submitted for the Contributory Post Retirement Medicare Facilities for Executives of ECL/CIL under CPRMSE.

- (1) Submission of Claim Form in Annexure-A, in triplicate, duly filled in.
- (2) Copy of Superannuation Notice.
- (3) A certificate showing 4% Basic & BA from 01.01.2007 to the date of superannuation in case the same is less than Rs.40000/- (Rupees Forty Thousand Only), balance amount by way of DEMAND DRAFT in favour of EASTERN COALFIELDS LIMITED, payable at S.B.I., Asansol/Sanctoria Branch if retired before 01.01.2007.

In case of executives retired before 01.01.2007 will have to contribute by way of DEMAND DRAFT, in favour of EASTERN COALFIELDS LIMITED, payable at S.B.I., Sanctoria Branch/Asansol Branch.

The individuals based on the date of retirement have to pay the following amounts.

- a) Executives retired before 01.01.1992 – Rs.10,000/- (Rupees Ten Thousand for Self and Spouse)
- b) Executives retired after 01.01.1992 before 01.01.1997 – Rs.20,000/- (Rupees Twenty Thousand only) for Self & Spouse.
- c) Executives retired after 01.01.1997 before 01.01.2007 – Rs.40,000/- (Rupees Forty Thousand for Self & Spouse)

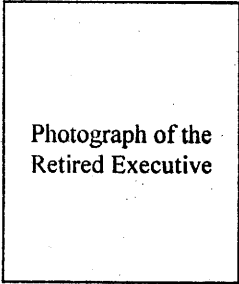
In addition to the above documents the following are along to be submitted.

- i) Xerox Copy of SINGLE Bank Pass Book & Once Cancelled Cheque (Original) for IFS Code.
- ii) Surrender of existing Medical Card, in absence, a Self-Declaration regarding non-issue of Medical Card to be submitted.
- iii) In absence of superannuation notice, a certificate duly signed by Head of Department from last place of posting indicating the date of superannuation.
- iv) PAN CARD (Must) for Self & Spouse (Xerox Copy)
- v) Voter Card/Passport/Adhar Card – Self & Spouse (Xerox Copy) (Must) all
- vi) Identity Card (Self) issued by E.C.L. – Xerox Copy.
- vii) **FOR NOMINEE** – Xerox Copy of Voter Card, Pan Card & Adhar Card (Xerox Copy)
- viii) Contact No. (Mobile/Land Phone)
- ix) E-Mail ID
- x) 4 (Four) Copies of Passport Size Photographs of each (Self, Spouse & Nominee). 3 (Three) Copies affixed in ANNEXURE-A and 1(one) copy separately.

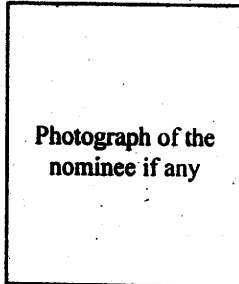
IN CASE OF PROMOTION FROM NON-EXECUTIVE TO EXECUTIVE WITH EFFECT FROM 1ST JANUARY, 2011 ONWARDS the following document are required.
(A) Office Order Copy from Headquarters/Transfer Order Copy from Area to Area.
(B) Joining Report Copy.

Contributory Scheme for Post Retirement Facilities for Executive

Registration No.


 Photograph of the
Retired Executive


 Photograph of the
Spouse


 Photograph of the
nominee if any

Name of the Retired Executive with Employee No. :

Date of Birth:

U.Man No:

PAN:

EPIC No:

ADHAR No:

Name of the Spouse :

Date of Birth:

EPIC No:

PAN:

ADHAR No:

Date of termination :

Designation at the time of Retirement :

Scale of pay and 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 :

Present Address with telephone No. :

E-Mail ID:

Mobile No:

Name of the nominee with relationship, if any :

Address of the nominee :

Company opted for claiming reimbursement :

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 executive who have retired prior to 01.01.2007)

(Signature of Retired Executive)**(Signature of the Spouse)****(Signature of the nominee)****For Office Use**

Received Rs.....

Vide draft No.....

Date:.....

4% Basic Plus D.A. Certificate Issued by

Date, Stamp & Signature of receiving Officer

Validity Period of the Card

From..... To Till Life time an production of the Life Certificate every December along with Medical Card Xerox copy attached.

Date of Issue.....

Signature of Issuing Authority with seal

Contributory Post-Retirement Medical Scheme for Executives
(Additional Information Sheet Along With Annexure-A)

1. Name:
2. Designation:
(At the time of superannuation/Death)
3. U M No / EIS No:
4. Place of posting (Last Held):
5. Date of Birth:
6. Date of superannuation/Death:
7. Subsidiary Company from which superannuated:
8. Date of Joining the Company:
9. Date of Joining in Executive Cadre:
(In Case of Non-Executives Joining after 01/01/2007)
10. Total Period of Service:
11. CMPF A/c No:
12. Whether Gratuity Received or not:

This is to certify that above information is true to the best of my Knowledge.

(Certifying Authority)
(Sign and Seal)

Applicant's Signature

Place:

Date: