

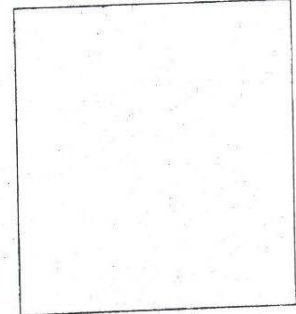


CENTRAL COALFIELDS LIMITED
DARBHANGA HOUSE, RANCHI

ANNEXURE - B

Sub: Medical Benefits to the Retired/Retiring workman under circular No. CIL/C-5B/JBCCI/96 dtd. 12.01.09

Code/Registration No. _____



Space for affixing Joint Photograph of beneficiaries.
(To be attested by GM(NEE), Hq./Area SC(P)/Project Personnel Executive)

1. Name of the Retired Workman/Retiring workman :

2. (a) Date of Retirement :

(b) Age :

3. Designation at the time of retiring/Retirement
& Unit/Area from where retired :

4. Name of spouse with Age (if entitled) :

5. Address :

(a) Permanent :

(b) Present :

6. Validity of Medical Card : From _____ to _____
(to be renewed every year in January)

7. Name of the Beneficiaries :

(i) _____ (Employee) Specimen Signature/LTI _____

(ii) _____ (Spouse) Specimen Signature/LTI _____

Date

Issuing Officer with Seal

Place :