



APPLICATION FOR ISSUE OF PHOTO MEDICAL CARD

To

Sir,

Kindly issue Medical Cards for myself and my dependents i.e. entitled family members as per **Medical Attendance Rules*** to enable us to get free medical treatment at CCL Hospitals and Dispensaries. Following are the details of my dependents and two passport sized photographs, attested by me in the back of photograph along with name of person, of each of them.

Name of Employee :	EIS/PIS No. :	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Designation :	Date of Birth :	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Place of Posting (Deptt.) :	Area :											

Name (In Block Letter)	Date of Birth	Relation	Occupation

I, undertake the above information is correct. My parents are continuously residing with and wholly/mainly dependent on me, not availing such facilities from Govt./PSUs/any other source and their monthly income does not exceed Rs.10,000/-. I also undertake that my spouse is not employed and if employed, she/he is not availing medical facilities from any Govt./PSUs/any other source. Whenever myself or any of my family member, as stated above will go to Company Hospital/Dispensary will carry this Medical Card.

Date :

(Signature of employee)

Forwarded to Personnel Officer for verification and issue of SEPARATE Medical Card for each entitled family member as stated in MAR. The photograph of each of the family members has been pasted on the application and has been duly attested.

Date :

(Signature of Controlling Officer)

Name & Designation with Seal: _____

All entries have been verified from Service File/Sheet and found correct/incorrect. (Dependent Status should be as per Coal India Medical Attendance Rules).

Date :

(Signature of Personnel Officer)

Seal

Name : _____

Designation: _____

512215/2020/O/O HEAD OF MEDICAL SERVICES, CCL HQ

1. Medical Cards will be issued to only permanent employees of CCL and their dependent entitled family members as per Coal India Medical Attendance Rules.
2. Recent passport size photograph of individual entitled family member will be pasted on the respective medical cards.
3. Two passport size photograph will be submitted by the employee alongwith filled application form for issue of medical card.
4. The Medical Card will be provided by the Company.
5. The medical card should be filled up properly and clearly. For entering the employee EIS/PIS No. 10 digit box has been provided. First 8 boxes is for use of EIS/PIS and last 2 boxes are for the code No. which is assigned to each entitled family members i.e. '00' for the employee, '01' for wife/husband, '02' for son, '03' for daughter, '04' for father and '05' for mother (the code '00' is meant only for employee).
6. The photograph on the medical card should be duly attested and stamped clearly, bearing the name and designation of the issuing authority.
7. The employee must furnish an undertaking that –
 - (a) The monthly income of his/her parents are not more than Rs.10,000/- and they are residing with and wholly/mainly dependent on him/her and not availing medical facilities from Govt./PSUs/any other source.
 - (b) His/her children are unmarried in case they are upto 25 years or till they start earning, whichever is earlier.
 - (c) His/her spouse is not employed. If employed, a certificate from the spouse's employer for not availing medical facilities is to be furnished.
8. Under no circumstances the medical card will be issued to any Non-Entitled Person.
9. Any dispute regarding entitlement will be settled as per the Coal India Medical Attendance Rules (MAR).
10. This card is not transferable.

चिकित्सा के लिए योग्यता की शर्तें
 (मेडिकल अटेन्डेन्स रूल में वर्णित प्रावधानों के अधीन)
Entitlement for Medical Treatment as per MAR

1. कम्पनी का स्थायी कर्मचारी Permanent employee of the Company.
2. कर्मचारी पर पूर्णतः आश्रित पत्नी/पति Wholly dependent Spouse of the employee.
3. कर्मचारी का जो पूर्णतः आश्रित अविवाहित पुत्र (उम्र 25 वर्ष तक) Unmarried son (upto 25 yrs.) or till he start earning, whichever is earlier.
4. कर्मचारी की अविवाहित और बेरोजगार पुत्री Unemployed & unmarried daughter.
5. कर्मचारी के माता-पिता, जो उनके साथ रहते हैं और उन पर पूर्णतः आश्रित हैं जो कहीं से भी चिकित्सा सुविधा नहीं ले रहे हैं तथा जिनकी मासिक आय 10,000/- रुपये से ज्यादा नहीं है Father & Mother residing with & wholly/mainly dependent on the employee, not availing Medical facilities from any other source having monthly income not more than Rs 10000/- (Rupees Ten thousand only).

सी.सी.एल. के अस्पताल और दवाखाना द्वारा प्रदत्त मुफ्त चिकित्सा सेवा पाने के अयोग्य व्यक्ति
People Not Entitled for Free Medical Service at CCL Hospitals and Dispensaries

- भाई बहन तथा आश्रित सम्बन्धी Brothers, Sisters or dependent relations.
- विधवा बहन या रिश्तेदार Widow Sisters, Aunts etc.
- दत्तक बच्चे जो कानुनी तौर पर गोद नहीं लिए गये हैं Adopted children (i.e. not adopted legally).
- विवाहित बच्चे Married Children.

* * * * *

**Annexure-I****Form No. I**
(Refer to Rule 12, Chapter II)**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 ₹10,000 ¹⁷ per month – 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 got disciplinary action besides refunding the amount drawn for treatment of non-entitled family members.

Note:

- The dependents whose income from all source exceeds ₹ 10,000/- ¹⁷ per month (including pension) as mentioned above are not dependent for medical benefits.
- As per Rule 12 – 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.

Date:

Signature of the Employee

Name: _____

Design: _____

U.M. No.: _____

Signature of Personnel Executive
Name of the Unit:

⁷ Amended due to OM No. CIL/C5A(PC)/MAR/2829 dated 08.05.2018.