



CENTRAL COALFIELDS LIMITED
DARBHANGA HOUSE, RANCHI

ANNEXURE - A

To

The GM(NEE),Hq./Area SO(P)/Project Personnel Executive

.....

.....

Sub Medical Benefits to the Retired Workman of CCL under reference No. CIL/C-5B/JBCCI/96 dated 12.01.09.

Dear Sir,

I hereby express my willingness to avail Medical Benefit and treatment (OPD) for retired workman of CIL and its subsidiary Companies and request that Photo Medical Card may be issued to the undersigned. The necessary particulars are furnished below :

1. Name of retired Workman/retiring workman :
2. (i) Date of Birth :
- (ii) Date of regular appointment in CIL/Subsidiary Company :
- (iii) Date of retirement :
3. Designation (at the time of retirement) :
4. Unit/Area from which retired :
5. Permanent Address :
6. Present Address :
7. (i) Name of spouse with age :
- (ii) Whether employed with any Govt. Public Sector/Pvt. Service :
- (iii) If in Service, whether medical** Facility is being provided there :
- (iv) Joint Photograph of retired employee and spouse (3 copies each duly attested) :

Yours faithfully,

Place :

Name and signature/LTI of the retired workman

Date :

Name and signature/LTI of the spouse

N.B. (i) Application is to be submitted in duplicate

(ii) Attestation of Photograph should be done by a Company Executive/State Authorities.

** (iii) If spouse is employed but employer is not providing medical facilities a certificate mentioning the same from Employer is to be submitted