

# कोल इंडिया लिमिटेड

(महारत्न कंपनी)  
(भारत सरकार का उपक्रम)  
“कोल भवन”

प्रेमाङ्ग नं० 04, एमएआर प्लॉट नं० ए एफ-III  
एवशन एरिया ए1-, न्यू टाउन, राजारहत  
कोलकाता) 156 700-पश्चिम बंगाल  
दूरभाष सं :033 2324 6666/ 8888 2324  
फ़ैक्स सं :033 2324 8000  
वेबसाइट :[www.coalindia.in](http://www.coalindia.in)



# Coal India Limited

(A MAHARATNA COMPANY)  
A Govt. of India Enterprise

“Coal Bhawan”

Premises No. 04, MAR Plot No. AF-III  
Action Area-1A, New Town, Rajarhat  
Kolkata-700156 (West Bengal)  
Phone: 033 2324 6666 / 2324 8888  
Fax: 033 2324 8000  
Website- [www.coalindia.in](http://www.coalindia.in)

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

**Ref. No:** CIL/C-5B/JBCCI/CPRMS-NE (Modified)/38

**Date:** 26.02.2021

To,

General Manager (P/IR) – ECL/ BCCL/CCL/WCL/NCL/MCL/SECL

General Manager (P & A) – CMPDIL

## **Sub: Membership Form-cum-Medical Card for CPRMS-NE (Modified)**

Dear Sir/Madam,

Kindly find attached the Membership Form-cum-Medical Card for Contributory Post Retirement Medicare Scheme for Non-Executives (Modified) for information and necessary action please.

**Encl: As above**

Yours sincerely,

(Ajay Kumar Choudhary)  
General Manager (MP & IR)

## **Copy to:-**

1. General Manager, NEC, Margherita
2. General Manager, CIL, New Delhi
3. General Manager (Finance)- CIL/ECL/BCCL/CCL/WCL/NCL/MCL/SECL/CMPDIL
4. General Manager (ERP), CIL
5. CMS- CIL/ECL/BCCL/CCL/WCL/NCL/MCL/SECL
6. MS- CMPDIL
7. TS to Director (P & IR), CIL
8. RSM- RSO, Chennai/Mumbai
9. Dy. Manager (MP & IR)/AW, CIL

## A- Personal Details:

For office use: Medical Card No.: \_\_\_\_\_

Details	Ex- Employee	Spouse of Ex-Employee	Nominee
Recent Colour Photograph (Upper part-to be signed by Ex-Employee Lower part-to be signed by the Incharge of Personnel)			
Name			Relationship with Ex-Employee:
Date of Birth			
Gender			
PAN			
Aadhar No.			
Name of Bank & Branch			
Bank A/C No.			
IFSC Code			
Correspondence Address with PIN Code			
Contact No.(s)			
Email Id			

## B- Official Details of Ex-Employee at the time of Separation:

NEIS No.:	Date of Appointment:	Reason of Separation (tick one): (Retired/ Med.Unfit/ VRS/ Retd. Bef. Sup./ Resignation/ Death)	Spouse in CIL/Subsidiary	Yes / No (Tick one)
Designation:	Date of Separation:	Others-	If Yes	Ex. /Non-Exe.
	Basic Pay:		If Yes	On roll/ Retd.
			Company	
			NEIS No	
Company:	Transferred from CPRMS-NE (2014): Yes / No (Tick one)	Divyang Child(ren): Yes/No (If Yes, fill Form-B too) No. of Divyang Children: ____ Name(s) of Divyang Child(ren):	No. of Beneficiaries incld. Divyang, if any:	
Area:			Company for Claiming Benefits:	
Unit:				

**C. Declaration:** I/beneficiaries comply with the provisions of the Scheme. In case of any misuse, action against me/beneficiaries may be taken.

(Signature with date of Ex-Employee)

(Signature with date of Spouse)

(Signature with date of Nominee)

## D. For Office Use:

Finance Division	Personnel Division
Full Contribution Received: Yes / No (tick one)	Eligible for Membership: Yes / No (tick one)
Mode: Salary Deduction / Demand Draft/ Both (tick one)	Medical Card No.:
DD No.:	Date of Issue:
Date of DD:	Signature:
Amount:	Name:
Signature:	Designation:
Name:	Official Seal:
Designation:	
Official Seal:	

**Note-** The application form, in triplicate, need to be submitted along with three copies of all supporting documents, proof of deductions/deposition etc. Original documents need to be produced for verification.

**Validity of the Card is subject to timely & yearly submission of the Life Certificate**

**Application Form-cum-Medical Card for Divyang Child(ren) under CPRMS-NE (Modified) Form-B**

**A- Personal Details:**

*For office use: Medical Card No.:* \_\_\_\_\_

Details	Ex- Employee*	Divyang Child**	Nominee
Recent Colour Photograph <i>(Upper part-to be signed by Ex-Employee* Lower part-to be signed by the Incharge of Personnel)</i>			
Name	Separated from: NEIS No.:	Details of Disability:	Relationship with the Divyang:
Date of Birth			
Gender			
PAN			
Aadhar No.			
Name of Bank & Branch			
Bank A/C No.			
IFSC Code			
Correspondence Address with PIN Code			
Contact No.(s)			
Email Id			

\*In case of demise of Ex-employee, spouse may be considered

\*\*Extra columns may be created if more than one divyang

**B- Declaration:** I/beneficiaries comply with the provisions of the Scheme. In case of any misuse, action against me/beneficiaries may be taken.

(Signature with date of Ex-Employee/Spouse)

(Signature with date of Divyang Child)

(Signature with date of Nominee)

**C- For Office Use:**

CMS/Other Designated Official of Medical Dept. of Concerned Subsidiary/Establishment			
Details of Disability:		Certificate of disability: Acceptable / Not Acceptable (tick one)	
Divyang is eligible for Membership: Yes / No (tick one) Remarks:			
Signature:	Name:	Designation:	
(Official Seal)			
Finance Division		Personnel Division	
Full Contribution for Ex-employee/Spouse Received: Yes / No (tick one)		Ex-employee/Spouse is eligible for membership: Yes / No (tick one)	
Mode:                      Date:                      Amount:	Divyang is eligible for Membership: Yes / No (tick one)		
Full Contribution for Divyang Received: Yes / No(tick one)		Medical Card No.***:	
DD No.:                      Date:                      Amount:	Date of Issue:		
Signature:	Signature:		
Name:	Name:		
Designation:	Designation:		
Official Seal:	Official Seal:		

\*\*\* Medical Card No. of Divyang Child may be same as that of Ex-Employee/Spouse.

**Note:** The application form, in triplicate, need to be submitted along with three copies of all supporting documents, proof of deductions/deposition etc. Original documents need to be produced for verification.

**Validity of the Card is subject to timely & yearly submission of the Life Certificate**