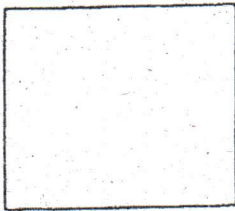


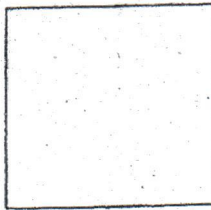
**Medical Card
Contributory Scheme for Post Retirement Facilities for Non-Executives**

Annexure A

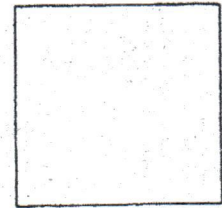
Registration No:



Photograph of the Retired Non-Executive



Photograph of the spouse



Photograph of the nominee, if any

Name of the Retired Non-Executive with Employee No. :
 Name of spouse :
 Date of retirement :
 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. :
 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)

(Signature of Retired Non-Executive)
Date :

(Signature of the Spouse)
Date:

(Signature of the nominee)
Date:

Received Rs. For office Use
 Vide Draft No. dated

Date, Stamp & Signature of receiving Officer

Validity Period of the Card :

From for lifetime of members subject to revalidation of card by submission of life-certificate every year in December.

Date of issue

Signature of Issuing Authority with seal