Procedure for obtaining Duplicate Medical Card when the Card is Lost/ Damaged

If a CPRMS-NE Medical Card is lost/ soiled/ mutilated or misplaced the following procedure may be followed to obtain the duplicate Medical Card:

1. An application requesting for issue of duplicate Medical Card by the Ex-employee (in case the ex-employee is expired application may be submitted by the spouse) addressing to GM (Personnel) Welfare & RC may be sent through proper channel i.e. respective Area AEPATB cell

2. Documents to be enclosed:

   i) Annexure I & Annexure II filled in all respects (available in the below pages)
   ii) FIR filed with respective Police Station SHO in Original (FIR obtained from Mee - Seva will also be considered) for lost/ misplaced cards.
   iii) Self attested copy of relevant Medical Card.
   iv) Demand Draft Rs 300/- in favor of SCCL payable at Kothagudem.

   (**#**alternatively pay online using SBI Collect URL or Scan QR ⟹

   https://www.onlinesbi.sbi/sbicollect/icollecthome.htm)
   v) Self attested copy of Aadhaar Card of the applicant.

For the residents of Hyderabad City, their Printed PVC Medical Cards will be dispatched to Singareni Bhavan, Hyderabad (Office) and they may collect it from there in order to avoid delay in courier delivery or un-delivery.

Steps for making payment online using SBI Collect:

➔ Search for **SBI Collect** in browser (or click on above [URL](URL)) or Scan the QR Code above.

➔ In the SBI Collect home page `Search by Institution/ Organization Name🔍` Search bar, type in "**Singareni Collieries**" & when it suggests <u>SINGARENI COLLIERIES CO LTD</u> please select it. Payment page is now displayed with payment progress on top.

➔ Under "Payment Category" dropdown, select "**CPRMS PAYMENTS**" & fill-in all details of Ex-employee.

➔ Under the scheme dropdown Menu, Select **CPRMSE** for Executives **& CPRMSNE** for NCWA employees.

➔ Under "Paying For" dropdown Menu, please Select "**LOST MEDICAL CARD-RS 300**"

➔ Enter Already Paid Amount as **0** (zero).

➔ Enter **300** at **AMOUNT PAYABLE** field.

➔ Enter **300** at **CONTRIBUTION** field; be careful here, whatever the amount you enter here will be deducted from your account. Hence, be cautious while entering Contribution amount. For lost Medical Card, it is Rs 300 only, if U enter more zeroes 🥴

➔ Select ◎**Individual** option radio button and enter Name, DOB, Mobile No, & Email ID.

➔ Please check the box ✓ **I have read and agreed to the Terms & Conditions**

➔ Click on `Next` button at the end of the page and verify the payment details in the next screen.

➔ Check the **Contribution** amount, whether correctly entered or not? and click on `Next` button.

➔ Now make payment by any of the available options. In the UPI Payments option, you can also scan the QR Code through your UPI apps and make payments instantly.

➔ <u>Save the Payment receipt, take a print, sign it and enclose it to the application.</u>

➔ Always remember, Payment receipt, Reference No., Mobile No., DOB entered at the end of the initial details screen and the date of payment is very important for future reference.

Note: To download receipt again, please go to TRANSACTION HISTORY on top of the SBI Collect page and give the required details to get a copy of the receipt. 🙂

THE SINGARENI COLLIERIES COMPANY LIMITED
(A Government Company)

Application for issuing duplicate /fresh Medical Card in case Original Smart Medical issued under CPRMS-NE/ CPRMS-E is lost/misplaced/stolen damaged/mutilated/broken

(To be submitted in Triplicate)

Date: _____

To

The General Manager (Per), Welfare & RC,
The Singareni Collieries Company Ltd.

//Through Proper Channel//

Sir,

Sub: -Request for issue of a fresh CPRMS-NE/ CPRMS-E Smart Medical Card in place of lost/misplaced/stolen/mutilated/Soiled/damaged smart card— Reg.

Ref: - 1) Circular No.CRP/PER/IR/CPRMS/375 dated: 23.03.2018
2) Circular No.CRP/PER/C/06/1752, dated: 04.07.2013

I have taken membership in CPRMS-NE/ CPRMS-E and a smart Medical card No. _____ has been issued to me. I request to arrange to issue me a fresh/duplicate Medical card in place of existing one for the following reason.

1) I have lost/misplaced/got my card stolen at _____place on Date:_____ and I have lodged an FIR with _____Police Station and I am hereby enclosing FIR copy along with Action Taken Report issued by Police Authorities/ I am enclosing an undertaking to return the medical card whenever the original medical card is found/traced.

2) My CPRMS-NE/CPRMS-E Smart Medical Card got mutilated/Soiled/ damaged/broken due to regular usage

I am hereby enclosing a Demand Draft/ attested SBI Collect Transaction Receipt vide No._____, Date:_____ obtained from _____ Branch of _____ Bank in favour of SCCL payable at Kothagudem for Rs.300/- for issuing of fresh/ duplicate CPRMS-NE/ CPRMS-E Smart Medical Card.

Yours faithfully,

Signature of the Applicant

Name of the Applicant

Note: Please Strike off either point No.01 or 02, whichever is not applicable.

<u>UNDERTTAKING TO BE SUBMITTED FOR ISSUE OF A DUPLICATE MEDICAL CARD UNDER CPRMS-NE/CPRMS-E</u>

DATE: …………………………..

TO
THE GENERAL MANAGER (PER)
WELFARE & RC

"*Through GM, _____ Area"

Dear Sir,

   In consideration of my request to issue me a duplicate Medical Card, in place of Medical Card No: ……………………… issued to me under CPRMS-NE/ CPRMS-E which I have lost/ misplaced, on Date: …………………….... I hereby agree to hold you (THE SCCL), indemnified against all the consequences that may arise in issuing me a duplicate Medical Card and against all losses, charges and expenses. I further undertake to hand over the said original Medical Card whenever it is traced/ found.

Dated at ………… this……….. Day of ……………..

                 Yours faithfully,

                 ………………………..
                 ………………………..

Address & Mobile Number:

Witnesses:

*1. Name:
  EC:
  Desig:
  Place of work:
  Signature:

*2. Name:
  EC:
  Desig:
  Place of work:
  Signature:

              *All fields and signatures are mandatory.