



THE SINGARENI COLLIERIES COMPANY LIMITED
(A Government Company)

Annexure B1

Contributory Scheme for Post Retirement Medical Facilities for Executives (Clause 6.1)

CLAIM FORM FOR PAYMENT OF OUTDOOR TREATMENT EXPENSES

Period of Claim: Half year ending 30th June _____ / 31st December _____

1. Name & grade of the retired executive/spouse :
2. Employee Code No. :
3. Registration No. of Medical Card :
4. Fixed Amount for Outdoor/Domiciliary treatment
Based on date of retirement (Rupees) :
5. Amount Claimed (Rupees/Paise) :
6. Name of Bank and Branch with single-owned
Savings Bank Account Number where the amount
Shall be credited AND Present Address at which
Cheque is to be sent
(Enclose self attested copy of Bank Passbook) :
7. IFSC Code of the Bank Branch :

(To be certified by the retired executive)

- i. The statements made in the claim are true to the best of my knowledge and belief
- ii. I am a member of Contributory Scheme for Post Retirement Medical Facilities and my Medical Card is valid since _____
- iii. I continue to fulfill the conditions of eligibility for availing the benefits under the scheme
- iv. The Medical expenses were incurred for self/spouse
- v. I fully understand that the Company may refuse/terminate my membership of the scheme at any time without any notice and
without assigning any reason.
- vi. 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

Date : _____

Signature of the member spouse

Signature of the retired Executive

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(For Medical Department Use)

The claim has been scrutinized and recommended for payment of Rs. _____
(Rupees _____) only.

Chief Medical Officer

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(To be filled in by the Accounts Department)

Claim passed for payment of Rs. _____ Rupees (in words) _____

Staff/Accountant

DGM(F&A)/FM/Dy.FM

Date : _____

G.M.(F&A)