

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

If a CPRMS-E 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) EE & CSR may be sent through proper channel i.e. respective Area AEPATB cell
2. Documents to be enclosed:
  - i) Annexure I & Annexure II (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.
  - v) Self attested copy of Aadhaar Card of the applicant.

If the Ex-executives who have not yet obtained the PVC Smart Medical card, they may surrender their \*Original Paper Medical Card issued earlier by way of a request application addressing to GM(Per) EE & CSR (along with attested copies of Self & Spouse Aadhaar having residential address) to obtain the New PVC Medical Card.

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.

\*This is for the information of only those, who have not yet obtained the Plastic/ Smart PVC Medical Card in place of Old Paper based Medical Card (issued before 2019)



**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), EE & CSR  
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 vide No.\_\_\_\_\_ 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

**UNDERTAKING TO BE SUBMITTED FOR ISSUE OF A DUPLICATE MEDICAL CARD**  
**UNDER CPRMS-NE/CPRMS-E**

DATE: .....

TO  
THE GENERAL MANAGER (PER)  
EE & CSR

**"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: