



THE SINGARENI COLLIERIES COMPANY LIMITED
(A Government Company)
Executive Establishment Cell
CIN NO: U10102TG1920SGC000571

Ref: CRP/PER/C/021/3342

DT. 04/09.2021
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CIRCULAR

**All GMs/HoDs,
All Areas & Corporate**

Sub: Submission of Life Certificates for Contributory Post Retirement
Medicare Scheme for Executives (CPRMS-E)-Revised format-SCCL Reg

Ref:(1) Circular No:CRP/PER/C/06/1752 dtd:04.07.2013

(2)Circular No:CRP/PER/C/06/2572 dtd:01.09.2018

(3) Circular No:CRP/PER/C/06/668 dtd:23.03.2020

It is hereby informed that the following provision of CPRMSE is amended with immediate effect in line with CIL.

Clause No	Existing Provision	Amended Provision
5.4	<p>All the retired Executives and/ or spouse will have to submit a 'Life certificate' every year in the month of December. The 'Life certificate' may be issued by any one of the following persons:</p> <ol style="list-style-type: none">The Branch Manager of the Bank where the concerned retired executive and/or spouse is maintaining the single-owned Savings Bank Account.A Gazetted Officer of Central Government or State Government.A registered Medical Practitioner.Any Officer of the Company (duly indicating designation and Seal)	<p>All the retired Executives and/ or Spouse will have to submit a "Life certificate" in the revised format every year in the month of November.</p> <p>The Life certificate may be issued by any one of the following persons:</p> <ol style="list-style-type: none">The Branch Manager of the Bank where the concerned retired executive and/or spouse is maintaining the single-owned Savings Bank Account.A Gazetted Officer of Central Government or State Government.A registered Medical Practitioner.Any Officer of the Company (duly indicating designation and Seal)

The other terms and conditions of the scheme remains unaltered.



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Further, it is also to inform the revised format in which the Life certificate is to be submitted in the month of November yearly by CPRMS-E beneficiaries is attached herewith.

Hence wide publicity may be given advising the beneficiaries of CPRMS-E (Exited Executives and /or spouse for whom Medical card was issued) to submit their Life certificates in the prescribed revised format in the month of November 2021 onwards, to ensure revalidation of their Medical cards as per scheme guidelines.

DIRECTOR (PA&W)

Encl: Revised Life Certificate Proforma

CC: C&MD
All Directors
PM, ERP
DGM (Per)/SAP-HR PYP



LIFE CERTIFICATE

TO BE SUBMITTED BY CPRMSE BENEFICIARY IN NOVEMBER EVERY YEAR

A. This is to certify that Shri _____, and Smt. _____ holder of the Post-Retirement Medical Card Number (Couple Membership): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

OR

B. This is to certify that Shri / Smt. _____ husband / wife of Shri / Smt. _____ holder of the Post-Retirement Medical Card Number (Single Membership): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

•Strike off whichever is not applicable

The signature/s of the above mentioned person(s) is /are attested hereunder:
(Note: In case of couple membership signature of both beneficiaries i.e. ex-employee and spouse is mandatory)

Signature of Retired executive

Name (Shri/ Smt) :

Emp Code:

Contact No

Aadhaar Card No

Date _____ / _____ / _____
DD / MM / YYYY

Bank A/c No: _____

IFS Code : _____

Branch : _____

Signature of spouse

Name (Shri/ Smt) :

Emp Code:

Contact No

Aadhaar Card No

Date _____ / _____ / _____
DD / MM / YYYY

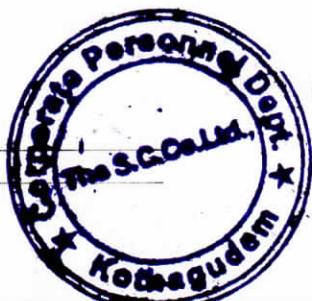
Signature of Registered Medical Practitioner with Reg. No OR
Gazetted Officer of Central/State Govt. OR

The Branch Manager of the Bank where the retired executive/ spouse is holding S.B A/c OR
Any officer of the company from where the medical facility is obtained
with seal/ stamp

DECLARATION

*I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-E Policy clause no:02 and declare that if any facts to the contrary are detected, the Company (SCCL) shall be free to cancel said benefits without any further reference to me/us.

Certified that myself and/or 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 Executive

Signature of the Spouse

Place: _____

Date: _____