



Cement Corporation Of India Limited

APPLICATION FOR JOINING POST RETIREMENT MEDICAL INSURANCE SCHEME for IPD

(To be submitted in duplicate to respective HR department of the Units)

Paste Photograph of
employee

Paste Photograph of
spouse

(Please fill the form in Block letters)

1.	Unit/Office from separated			
2.	Insurance cover for (Please tick)	Self & Spouse	Self (in case of widow/ widower/unmarried)	Spouse of deceased employee
3.	Ex-employee Name			
4.	Employee No.			
5.	Grade			
6.	Type of separation	Superannuation / Death		
7.	Date of Separation			
8.	Amount & DD No.			
Details of ex-employees/spouse opting for CPRMS				
		Ex-employee	Spouse	
9.	Name			
10.	Date of Birth			
12.	Correspondence Address			
13.	Mobile No.			
14.	Email Id			
15.	Bank Account details	Bank Name, branch and City		
		Account No.		
		IFSC		
16.	Documents to be submitted (Self attested photo copies)	Photo identity card of self and/or spouse (Aadhaar etc.) Service certificate/Separation order Death certificate in case of deceased employee Cancelled cheque leaf or bank pass book		

CERTIFICATION & CONSENT

- a.) I have read and understood the terms & conditions of Post Retirement Medical Insurance Scheme for IPD of CCI and hereby give my consent to join the scheme.
- b.) I agree to pay 50% of the annual premium for the Medical Insurance policy (IPD) as decided from time to time.

Date:

(Signature of the applicant)

Place:

Name:

VERIFICATION BY THE UNIT

UNIT NAME:

The information given above has been verified and found correct as per records. One copy has been kept as record and the original copy is forwarded to CO-HR

HOD (P&A)