

(IN TRIPLICATE)

The Addl. General Manager
Personnel Department
CCIC of India Ltd.
New Delhi-110001

Sir,

I, Shri/Smt. /Miss _____ Son/Wife of _____
_____ R/o _____

retired from the services of CCIC and wish to avail the facilities under the Medical Scheme announced vide Office Order No. 2159 dated 26.03.1992, subsequently amended vide Office Order No. 74 dated 8.5.2001 and do hereby solemnly declare that I am neither employed nor doing any business.

Necessary particulars are appended below:-

- 1). Name : _____
- 2). Present Address for Communication : _____
- 3). Date of appointment in CCIC : _____
- 4). Date of retirement : _____
- 5). Basic pay last drawn : _____
- 6). Date of joining the Scheme : _____

My spouse Shri/Smt. _____ aged _____
is /is not working. He/She is claiming /not claiming medical expenses from his/her employer i.e. _____
_____ (Name of the employer and address).

The above facts are true to the best of my knowledge and belief and nothing has been concealed or withheld.

Annual contribution @ Rs. _____ as applicable for the Financial year _____
has been made by me vide Receipt No. _____ dated _____ (copy enclosed).
I may be enrolled as member for availing the benefits under the scheme with effect from _____.

Thanking you,

Signature: _____

Name: _____

Dated: _____

Phone No.: _____