



COAL INDIA LIMITED
"COAL BHAWAN"
10, NETAJI SUBHAS ROAD
KOLKATA – 700001

No. CIL/C-5A/125/CPRMSE/222

Date: 14.11.2013

OFFICE ORDER

Sub: **CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES OF CIL AND ITS SUBSIDIARIES (CPRMSE)**

The Board of Directors of CIL in their 289th Meeting held on 18.09.2012 approved the modifications/ additions in the **Contributory Post Retirement Medicare Scheme for Executives of CIL and its Subsidiaries (CPRMSE)**. The same is also communicated as per the Office Order No. CIL/C-5A (PC)/CPRMSE/207 dated 28.12.2012.

As per Clause 5.4 of the **Contributory Post Retirement Medicare Scheme for Executives of CIL and its Subsidiaries (CPRMSE)**, "Life Certificate" is required to be submitted annually. The same is revised in order to accommodate the nature of membership (single/ couple).

The revised format of the **Life Certificate** is published in website www.coalindia.in. A copy of the same is enclosed for wide circulation.

This issues with the approval of Competent Authority.

(Bhagwan Pantay) 1113
GM (P&IR/ Welfare)

Distribution:

1. D(F)/D(T)/D(Mktg)/D(P&IR), CIL, Kolkata
2. D(P)/D(F) ECL/ BCCL/ CCL/ SECL/WCL/ NCL/ MCL
3. D(RD& T), CMPDIL, Ranchi
4. CVO, CIL, Kolkata
5. ED, IICM, Ranchi/ ED (Medical Services), CIL Camp : CCL, Ranchi
6. ED (Corporate Services) (Internal Audit), CIL, Kolkata
7. CGM/TS to Chairman, CIL, Kolkata
8. CGM, NEC, Margherita
9. GM(P/EE), ECL/ BCCL/ CCL/ SECL/WCL/ NCL/ MCL/ CMPDIL/CIL
10. GM (Telecom), CIL: with a request to upload the same in CIL website
11. GM (F), CIL, Kolkata
12. GM(P)(Policy Cell): with a request to facilitate the soft copy to Telecom Department
13. GM(P) Recruitment/ Admin, CIL, Kolkata
14. GM, CIL, New Delhi
15. Company Secretary, CIL, Kolkata
16. Chief Medical Officer, CIL, Kolkata
17. Guard file.



A Maharatna Company

LIFE CERTIFICATE

To whom it may Concern

This is to certify that Shri _____
son of Shri _____ and Smt. _____
wife of _____ residing at _____
_____ are/is known to me and alive at the time of
issuing this certificate. The certificate is issued for release of payment for outdoor/
domiciliary treatment under CPRMSE of CIL.

The Signature/s of the above mentioned person/s is/are attested hereunder.

Signature of Retd executive Shri/Smt _____ : _____

Signature of spouse : _____ : _____

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

Date: _____

Registration No. of Medical Card: CPRMSE/ _____

Note: Please note that in case of couple membership, signature of the executives and their spouse is mandatory.

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