

CENTRAL WAREHOUSING CORPORATION

(A Government of India Undertaking)

4/1, Siri Institutional Area, Hauz Khas, New Delhi - 110016

Ph: 011-26515178, Telefax 26967256, E.mail: warehouse@nic.in

No.CWC/MS-7/PRMCS/Admn/967D.

Dated: 30.12.2016

All retired employees and spouse of deceased employees who are availing contributory CWC Post Retirement Medical Coverage Scheme from Corporate Office are requested to deposit their annual contribution for the year **2017-18** upto 10.03.2017 in cash/cheque in person or through post. The required contribution and details/particulars filled in prescribed application may reach CO, Personnel Division on or before **10.03.2017** positively. Copy of the format is enclosed.

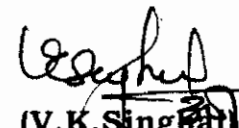
Contribution will be made as under:-

For retd. employees as well as spouse of deceased employees (same for both)

Group- A	Rs 1500/- per annum
Group- B	Rs 1200/- per annum
Group- C	Rs 900/- per annum
Group- D	Rs 600/- per annum

1. The contribution can be accepted after due date and the scheme will be applicable from the date of remittance of contribution in such a case.

Encl. A/A.


(V.K. Singhal) 12/16
SAM (Admn)

To,
All individual concerned.

4/1, Siri Institutional Area, August Karnti Marg, Hauz Khas New Delhi - 110016
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CENTRAL WAREHOUSING CORPORATION
MEDICAL BENEFITS SCHEME FOR RETIRED EMPLOYEES

APPLICATION FOR REMITTING ANNUAL CONTRIBUTION FOR 20__ - __

Sir,

I wish to avail of the medical reimbursement facility for myself and my spouse. The details of my particulars are given below:-

1. NAME (SELF) Sh/Smt. _____ SPOUSE NAME Sh/Smt _____

2. DATE OF BIRTH (SELF) _____ SPOUSE _____

3. FULL ADDRESS _____

4. CONTACT DETAILS Tel/Mob No. _____
E-mail _____

5. BANK DETAIL: Name of Bank _____
Account No. _____

मेडिकल बिलों के तुरन्त

भुगतान हेतु बैंक डिटेल्स अवश्य भरें | IFSC Code No. _____
(enclose canceled cheque leaf)

6. DESIGNATION AT THE TIME OF RETIREMENT _____

7. RELATIONSHIP WITH RETIRED EMPLOYEE _____
(Wife/Husband)

8. LAST BASIC SALARY DRAWN Rs. _____

9. DATE OF APPOINTMENT IN CWC _____

10. DATE OF RETIREMENT _____

Encl: Declaration

(SIGNATURE)
(Name in Block letters)

(FOR OFFICE USE)

IN ADMN. SECTION

Please accept annual contribution of Rs. _____ for the year 20__ - __

AM/Accountant (Cash) (3 copies)

SAM (Admn.)

IN ACCOUNTS SECTION

CR No. _____ Dated _____ Amount _____

AM (A/cs)

**DECLARATION BY THE EX-EMPLOYEE
(who have opted (VRS) and are below 60 years)**

(To be attested by the Gazetted Officer Class-I or Magistrate 1st Class or Notary Public)

This is to certify that I have not taken up any employment with any organization Public or Private after my retirement from the Central Warehousing Corporation.

Signature _____
Name _____

Designation held _____

Attested by
With seal /signature

ANNEXURE-III

Declaration by the Spouse of the deceased employee

This is to certify that I am legal heir of my deceased husband/wife late Sh./Smt. _____, I am not employed with any public/private organization and I am not having any other source of income exceeding Rs.3500/- p.m. from all sources. I am also not in receipt of any medical facility/benefit from the employer of my working son/daughter as a dependent.

Signature/Thumb impression of the spouse of the deceased employee

Name _____

Address _____

Contact No. _____

Date _____

ANNEXURE-IV

Identification Certificate

Sh./Smt. _____ is a resident of _____
_____ Wife/Husband
of Late Sh./Smt. _____ and his/her
signatures/thumb impression are attested below.

Signature/Thumb Impression