



केन्द्रीय भण्डारण निगम  
(भारत सरकार का उपक्रम)  
**CENTRAL WAREHOUSING CORPORATION**  
(A GOVT. OF INDIA UNDERTAKING)



जगत् जन के लिए भण्डारण WAREHOUSING FOR EVERY ONE

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

Dated: 07.03.2018

**CIRCULAR**

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 **2018-19** upto 31.03.2018 in cash/cheque in person or through post. The required contribution and details/particulars filled in prescribed application may reach Corporate Office, Personnel Division, Admn. Section on or before **31.03.2018** positively. Copy of the format is enclosed.

**Contribution will be made as under:**

For rettd. 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

This is also to inform that contribution can be accepted after due date i.e. 31.03.2018, however, coverage will be applicable from the date of remittance of contribution in such a case.

Encl. As above

*Arvind Chaudhri*  
07-03-18

(Arvind Chaudhri)  
Group General Manager (Pers)

To,  
All individual concerned

**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 डिटेल 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 1<sup>st</sup> 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

**CENTRAL WAREHOUSING CORPORATION MEDICAL BENEFIT SCHEME FOR  
THE SPOUSE OF THE DECEASED EMPLOYEES**

**APPLICATION FOR REMITTING ANNUAL CONTRIBUTION FOR 20 - \_\_\_\_**

Sir,

I, wife/husband of late Sh./Smt. \_\_\_\_\_ wish to avail of the medical reimbursement facility for myself. I remit Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) as annual contribution. The details of my particulars are given below:

1. My Name : \_\_\_\_\_
  2. Full Address : \_\_\_\_\_
  3. Contact Detail  
Tel/mob No.: \_\_\_\_\_  
E-mail : \_\_\_\_\_
  4. Date of Birth : \_\_\_\_\_
  5. Name & Designation of  
deceased employee : \_\_\_\_\_
  6. Date of Retirement : \_\_\_\_\_
  7. Last place of Posting : \_\_\_\_\_
  8. Date of Death of spouse : \_\_\_\_\_
  9. Bank Detail  
Name of Bank : \_\_\_\_\_  
Account No. (Full) : \_\_\_\_\_
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- IFSC Code No. : \_\_\_\_\_  
(enclose one cancel cheque)

(SIGNATURE)

(Name in Block Letters)

Encl: Annexure-III&IV

मेडिकल बिलों के तुरन्त  
भुगतान हेतु बैंक डिटेल् अवश्य भरे

(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)**

**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