

## **PRMA – ENROLLMENT**

**ENCLOSURE TO BE SUBMITTED ALONG WITH  
POST-RETIREMENT MEDICAL ASSISTANCE SCHEME REGISTRATION  
FORM TO THE UNIT HO/HR CONCERNED DIRECTLY**

- 1. A Demand Draft from any Nationalized Bank for Rs.100/- (Single Person - Rs.50/-) drawn in favour of "NEYVELI LIGNITE CORPORATION LIMITED, NEYVELI".**
- 2. Stamp Size Photographs of Self and Spouse 2 Nos. each.**
- 3. Service Certificate issued at the time of retirement.**
- 4. Medical Book surrender clearance certificate.**
- 5. No dues certificate.**
- 6. Death Certificate and Legal Heir Certificate.**

**Note :** The above all Certificates to be Attested.

From

For Office use

M.I.C. No.:

Date:

To

The General Manager/H.R./BCC,  
Public Relations Building, Block-2,  
N.L.C. Limited, Neyveli-607 801.

Sir,

Sub: Post – Retirement Medical Assistance to the Retired N.L.C.  
Employees – Registration – Regarding.

\*\*\*\*\*

I hereby express my willingness to join the Post-Retirement Medical Assistance Scheme of N.L.C. Limited to the N.L.C. Retirees. I submit the following particulars and I assure that I am aware of the rules of the scheme and I shall abide by the same. (Please ✓ mark the relevant boxes)

1. Name of the retiree (in bold letters) :
2. CPF No. :
3. Date of Birth – DD/MM/YY : / /
4. Date of regular appointment in N.L.C. :
5. Date of Retirement :
6. Date of Death/(While in Service/  
After Retirement) :
7. Designation/Unit at the time of retirement :
8. Whether copy of service certificate duly  
attested by Gazetted Officer is enclosed : ☐ Yes ☐ No
9. Whether belong to SC/ST/MBC/BC  
If yes, please specify : ☐ Yes ☐ No
10. Name of Spouse :
11. Date of Birth of Spouse – DD/MM/YY :
12. CPF No. of Spouse if NLC employee : / Not applicable ☐
- 13 Address for communication :

Contact No.....

14. Whether any application made earlier  
in the name of spouse/self :

**Date :**

**Signature of the Employee**



## CERTIFICATE BY THE UNIT HEAD/HOHR

It is certified that

- a) the particulars furnished in the application form have been verified with the Service Book / Service Card and found correct.
- b) the individual has completed Ten Years of continuous service
- c) Rs.100/- [Rs.50/- if Spouse is dead] has been recovered towards Registration Fee from the salary payable to the employee for the month of .

.....

Dated:

**Signature of the Unit Head/HOHR**

## CERTIFICATE BY THE EMPLOYEE

I certify that

- ☐ None of my son or unmarried daughter or spouse is working in N.L.C. Limited or in other Government/Public Sector Undertakings.
- ☐ I am not dependant to my son or unmarried daughter or spouse who is an employee of N.L.C. Limited or of any Government/Public Sector Undertakings.
- I certify that I am not in receipt of any medical benefit from N.L.C. Limited or of any Government/Public Sector Undertakings or from any other source.
- The Post Retirement Medical Assistance may be paid thro' my present SB account thro' which I receive my salary / I received all other NLC benefits as spouse of late employee until I open an SB account with electronic mode facility at the place where I permanently reside, hereafter. I also assure that I will not close the above said SB account till such time.

The particulars furnished above are true to the best of my knowledge.

Yours faithfully,

**AFFIX  
STAMP  
SIZE  
PHOTO**

**AFFIX  
STAMP  
SIZE  
PHOTO**

(Signature of Spouse)

(Signature of Retired Employee)

**Name in Block Letters:**

**Name in Block Letters:**

Date:

Date:

**[If Left Hand Thump impression is put up, it must be done before Unit H.R Head ]**

**Signed before me**





**NEYVELI LIGNITE CORPORATION LIMITED**  
**(A "Nav Ratna" Government of India Enterprise)**  
P.O. Neyveli - 607 801, Cuddalore Dist. Tamilnadu  
**OFFICE OF THE GENERAL MANAGER/H.R./BCC.**  
**PUBLIC RELATIONS BUILDING, BLOCK-2, NEYVELI - 607 801**  
**POST-RETIREMENT MEDICAL INSURANCE SCHEME [PRMI]**  
**INSURANCE IDENTITY CARD**



**AFFIX  
STAMP  
SIZE  
PHOTO**

[Employee]

(Signature)

Employee Name ::

D.O.B ::



**AFFIX  
STAMP  
SIZE  
PHOTO**

[Spouse]

(Signature)

Spouse Name ::

D.O.B. / AGE ::

**[ FOR OFFICE USE ]**

Application received on :-

Premium Paid on :-

Medical Book(s) surrender on :- ..... / vide Unit Lr.No.: .....

M.I.C. No. allotted:-



**NEYVELI LIGNITE CORPORATION LIMITED**  
**(A "Nav Ratna" Government of India Enterprise)**  
P.O. Neyveli - 607 801, Cuddalore Dist. Tamilnadu  
**OFFICE OF THE GENERAL MANAGER/H.R./BCC**  
**PUBLIC RELATIONS BUILDING, BLOCK-2, NEYVELI - 607 801**  
**POST-RETIREMENT MEDICAL INSURANCE SCHEME [PRMI]**  
**INSURANCE IDENTITY CARD**



**AFFIX  
STAMP  
SIZE  
PHOTO**

[Employee]

(Signature)

Employee Name ::

D.O.B ::



**AFFIX  
STAMP  
SIZE  
PHOTO**

[Spouse]

(Signature)

Spouse Name ::

D.O.B. / AGE ::

**[ FOR OFFICE USE ]**

Application received on :-

Premium Paid on :-

Medical Book(s) surrender on :- ..... / vide Unit Lr.No.: .....

M.I.C. No. allotted :-