

**सवारी डिब्बा कारखाना/INTEGRAL COACH FACTORY, चेन्नै/CHENNAI-38**

(चिकित्सा पहचान-पत्र आवेदन - सेवा निवृत्त कर्मचारियों के लिए)

**APPLICATION FOR MEDICAL IDENTITY CARD-RETIRED EMPLOYEES**

I desire to join Retired Employees Liberalised Health Scheme (RELHS) and the required particulars are furnished :

1. नाम/NAME :
2. कर्मचारी संख्या/Emp.No. :
3. पदनाम/ Designation :
4. मूल वेतन/लेवल/ Basic Pay/Level :
5. कार्यालय/टिकट संख्या/ Office/ Tkt.No. :
6. घर का पता/ Residential Address :
7. नियुक्ति की तारीख/Date of Appointment :
8. सेवानिवृत्ति की तारीख/ Date of Retirement :
9. कर्मचारी की आयु/Age of Employee :
10. जन्म की तारीख/ Date of Birth :
11. रेलवे अस्पताल/ स्वास्थ्य इकाई जिसमें कर्मचारी  
अपना नाम पंजीकृत करना चाहते हैं /Rly. Hospital/  
Health Unit in which the employee wants to  
be registered :

**परिवार के सदस्यों का विवरण / DETAILS OF FAMILY MEMBERS**

क्रम सं./ Sl. No.	नाम/ Name	आयु/जन्म की तारीख Age & DOB	संबंध/ Relationship (Including Self)	पहचान चिन्ह Identification Mark

घोषणा/DECLARATION

1. I have not availed this facility so far
2. I am not gainfully employed in a private sector undertaking.
3. I am employed in a public/private sector under taking and drawing Rs. \_\_\_\_\_/- p.m (inclusive of pension/pensionary equivalent).
4. I am aware that I am in a Lock-in period of 6 months from the date of joining the scheme and I am also aware that I shall not submit any reimbursement claim for the treatment taken in private or Railway recognized hospitals and would not challenge the orders of Railway Board to this effect in any court of Law.

सेवा निवृत्त कर्मचारी या उनके पति /पत्नी के हस्ताक्षर  
Signature of the Retired Employee/Spouse

Date:

Witness:

- Encl:
1. Copy of Pension Book (PPO)
  2. Service Certificate
  3. Revised Pension Order as on 01.01.2006.
  4. Pensioner ID Card
  5. Copy of Ration Card.