

APPLICATION FOR MEMBERSHIP UNDER PRMS – NTC Ltd.

(To be submitted in duplicate)

Date: _____

To,
**Joint manager (HR),
 National Textile Corporation Ltd.,
 Scope Complex, Core-IV, 6th Floor,
 7 Lodhi Road, New Delhi – 110003.**

Affix photograph of
 self duly attested
 by any executive
 of NTCL with
 Office Stamp

Affix photograph
 of spouse duly
 attested by any
 executive of NTCL
 with Office Stamp

Photograph of the
 Retired Executive

Photograph of the
 Spouse

Through _____ (Name of the RO/Sub-Office/Unit)

Sub: PRMS for retired employees of NTC Ltd.

Dear Sir,

I hereby express my willingness to join the PRMS for retired employees of NTC Ltd. and request that Medical Identity Card may be issued on my name. I am enclosing herewith a Demand Draft obtained from branch of * _____ Bank in favour of National Textile Corporation Limited payable at New Delhi for Rs.* _____ towards membership amount and necessary particulars are furnished below:

Sl. No.	Description	Details (In Capitals)
1	Full Name of the Retired Employee	
2	a) P.F. No.	
	b) Aadhaar No.	
	c) PAN No.	
3	Blood Group	
4	Date of cessation of the Company's Service & Reason (Tick)	Date : Superannuation / Death / Medical Board Unfit
5	Designation at the time of Superannuation /Death	
6	Grade & Scale of Pay as on date of Cessation of Service	
7	Mill/RMD/SO/DO/Showroom/Dept. & Area from where Retired//Death	

8	Name of the Spouse & Date of Birth	
9	Blood Group of Spouse	
10	Amount, No. & . Date of Demand Draft Remitted	*
11	Name of Issuing Bank & Branch	*
12	Permanent Postal Address with Telephone and/or Mobile No.	
13	Present Postal Address with Telephone and/or Mobile No.	
14	e-mail ID	
15	Bank Details of the employee Account No IFSC Code	
16	Enclose 2 additional Passport size Photographs each of Self and Spouse without attestation for affixing on Medical Card	2 Passport size Photographs of self and 2 Passport size Photographs of spouse are enclosed for affixing on Medical Card

DECLARATION

1. Certified that myself and my spouse are not availing any medical facilities from or through the Central/State Govt/Public Sector Undertaking/Quasi Govt. Body.
2. If it is found that there is misuse of the benefits under the Scheme by me / spouse, he/she may be debarred from the benefits under the scheme and his/her membership would be cease on finding the same.

(Name and signature of the retired executive)

(Name and Signature of spouse)

Place: _____

Date: _____

NB: (i) Application is to be submitted in DUPLICATE
(ii) *Attestation of only TWO photographs each of self and spouse affixed on this application should be done by any executive of the Company with Office Seal.

FOR OFFICE USE ONLY

Membership amount required to be paid as per PRMS is received from
Sh./Smt. _____ for an amount of Rs. _____
Vide Draft No. _____ dated _____ of _____
Branch of _____ Bank.

Checked and found in order.

Date:

Signature of Receiving Officer
(HR In-charge)

Signature of the Finance In-charge
with Designation & Stamp

Head of Office in charge
(Office Stamp)

*Strike-off if not applicable.

LIFE CERTIFICATE

//To whom it may concern//

This is to certify that Shri_____ son
of _____/Smt._____ wife
of _____ residing at _____
is known to me.

Shri/Smt._____ is alive at the time of issuing this
certificate. This certificate is issued for renewal of membership for Post
Retirement Medical Scheme of NTCL. The Signature of
Shri/Smt_____ is attested hereunder.

Signature :

Signature Attested :

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 :

Medical Card No.