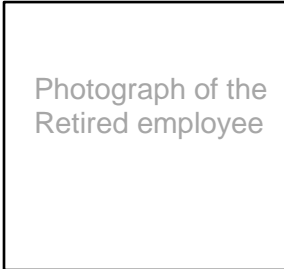


**Application Format for**  
**Post-Retirement Medical Benefit Scheme**  
**Assam Gas Company Limited, Duliajan**



Name of Retired Employee : .....

Name of Spouse : .....

Date of normal Retirement : ..... Date of VRS (if applicable) : .....

Designation at the time of retirement : .....

Permanent Address/ : .....

Postal address for communication P.O. .... Dist. ....

State ..... PIN .....

Telephone Number : .....

E-mail ID : .....

**Declaration**

I Shri/Smt. .... certify that myself and my spouse are not availing any facilities from or through the Central/State Govt./PSU/SLPE either in individual capacity or as dependent.

(Signature of Retired Employee)  
Date .....

(Signature of Spouse)  
Date .....

**Note: Please submit latest life certificates along with the application.**

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**For Office Use**

Health Card Validity:

From ...../...../..... for lifetime of members subject to revalidation of card by submission of life certificate every year in the month of September.

Date of issue: .....

Signature of Issuing Authority