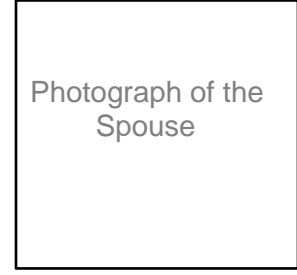


**Application Format for
Post-Retirement Medical Benefit Scheme
Assam Gas Company Limited, Duliajan**



Name of Retired/Expired Employee :

Employee Code : Date of Birth.

Name of Spouse :

Spouse Date of Birth :

Date of Retirement/VRS : Date of Expiry (if applicable):

Designation at the time of exit :, Years of Service (including Muster Roll period, if applicable)

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)

(Signature of Spouse)

Date

Date

Note: Please submit self-attested copy of Aadhaar Card of both employee and spouse along with the application.

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