



स्टील अथॉरिटी ऑफ इण्डिया लिमिटेड
सेल रिफ़ैक्ट्री यूनिट
बोकारो स्टील सिटी

उपदान(ग्रेच्युटी) के लिए आवेदन

1. कर्मचारी का नाम:
2. पिता का नाम :
3. राष्ट्रियता :
4. स्थायी आवासीय पता :
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5. वर्तमान और अन्तिम नियुक्ति :
6. कम्पनी में योगदान की तिथि :
7. सेवा समाप्ति की तिथि :
8. अन्तिम मूल वेतन और महँगाई भत्ता :

(कर्मचारी का हस्ताक्षर)

गवाह :

1.
2.

**Application for Gap Case/Fresh Enrolment under SAIL Mediclaim Scheme
(w.e.f. 11th July, 2021 – 10th July, 2022)**

Employee Details																															
Name of Employee												Personnel No.																			
Unit from where retired						Place of Last Posting						Designation last held																			
Date of Separation										Claim Centre (only for Enrolment)				KOLKATA		CHENNAI		DELHI		BHILAI		DURGAPER									
D		D		M		M		Y		Y		Y		ROURKELA		BOKARO		SALEM		ASANSOL											
Name of Member												Please affix recent photograph of member								Please affix recent photograph of spouse											
Date of Birth										Old MIN No.																		Gender (M/F)			
D		D		M		M		Y		Y																		Y		Y	
D		D		M		M		Y		Y																		Y		Y	
Name of Spouse												Please affix recent photograph of member								Please affix recent photograph of spouse											
Date of Birth										Old MIN No.																		Gender (M/F)			
D		D		M		M		Y		Y																		Y		Y	
Address																															
Pin Code						Phone						Cell																			
Email ID																															
Aadhar No. (Self)										Aadhar No.(Spouse)																					
Date of Enrolment (for fresh enrolments only)										Number of Members																					
D		D		M		M		Y		Y		Y		Y		Y		Y		Y											
Premium for base policy Employee(Rs.)						Premium for base Policy Spouse(Rs.)						Total Premium(Rs.)																			
Whether Super Top Up required(Yes/No):						If yes, Threshold Rs.(in lakhs)						Sum Insured Rs.(in lakhs)																			
Premium for Super Top Up Sum Employee (Rs.)						Premium for Super Top Up Sum Spouse (Rs.)						Premium for Super Top Up Sum Both (Rs.)																			
Grand Total Premium (Including premium of base policy and Super Top up												(Rs.)																			
Nominee of Employee												Relation with Employee																			
Nominee of Spouse												Relation with Spouse																			
ECS Details						Employee						Spouse																			
Name of Account Holder																															
Name of Bank																															
Branch Name																															
Branch Address																															
Type of Account (tick)						Savings Bank						Current Deposit																			
Member Account No.						MICR Code																									
Spouse Account No.						MICR Code																									
IFSC Code Member												MIN No. Member																			
IFSC Code Spouse												MIN No. Spouse																			
Signature of Member												Signature of Spouse																			
Payment Details																															
Cheque / DD /												Amount (Rs.)																			
Challan No												Drawee Bank																			

Members to Note

Enclosures: (1) One copy of Aadhar Card each for the member & spouse; (2) One cancelled cheque with Name & MIN No./ P.No. at the back.

Intimation : (1) Pre-planned hospitalization - 48 hours in advance; (2) Emergency - within 24 hrs from the time of admission.

Claim Submission : (1) IPD - Within 30 days from the date of discharge; (2) Post-Hospitalization – within 30 days after completion of treatment period of 60 days; (3) OPD - When expenses exceed Rs.2000/- per person per policy period or within 90 days from the date of treatment, whichever is earlier.

Cappings/Ceilings : Members to apprise themselves regarding Cappings/Ceilings before availing mediclaim facility, from the SAIL Website / Mediclaim Booklet.

THE ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.



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सेल रिफ़ैक्ट्री यूनिट
बोकारो इस्पात नगर

SI No.1

SI No.2

परिपत्र सं०:एस.आर.यू./का./3(09)/2014

दिनांक:

कंपनी की सेवा से सेवा निवृत्ति उपरान्त चिकित्सा पुस्तिका जारी/पुनर्वैधता हेतु आवेदन प्रपत्र

सेवा में,

कनीय प्रबन्धक(कार्मिक)/वरीय प्रबन्धक(कार्मिक)

महोदय,

मैं दिनांक कंपनी की सेवा से सेवा निवृत्त हो चुका हूँ अतएव सेल चिकित्सा नियमावली के अनुसार चिकित्सा पुस्तिका निर्गत/पुनर्वैधता हेतु अनुरोध करता/करती हूँ। मेरे परिजनों का पूर्ण विवरण निम्नानुसार है :-

क.सं.	नाम (श्री/श्रीमती)	जन्म तिथि	संबंध	रक्त समूह	पहचान चिन्ह
1.					
2.					

* मैं तथा मेरी पत्नी बोकारो इस्पात नगर में रहते हैं।

* पत्राचार हेतु मेरा स्थानीय पता इस प्रकार है।

क्वार्टर न०:	गाँव/सेक्टर:
पत्रालय:	शहर/नगर:

* मेरे पति/मेरी पत्नी सेल, एस.आर.यू.या अन्य किसी निजी/सरकारी संगठन में नियोजित हैं।

नाम:	संगठन:
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* मेरे पति/मेरी पत्नी सेल,एस.आर.यू. के कर्मचारी हैं।

कर्मचारी सं०:	पदस्थापन का स्थान :
पदनाम:	विभाग:

जो लागू न हो उसे काट दें।

चिकित्सा पुस्तिका..... तक पुनर्वैध

हस्ताक्षर

नाम :

कर्मचारी सं०.:

पदनाम:

विभाग :

कार्मिक अधिशासी का हस्ताक्षर एवं मुहर



STEEL AUTHORITY OF INDIA LIMITED

स्टील ऑथोरिटी ऑफ इंडिया लिमिटेड

SAIL REFRACTORY UNIT

सेल रिफ्रैक्ट्री यूनिट

BOKARO STEEL CITY

बोकारो इस्पात नगर

सेवा में,

वरीय प्रबंधक / उप महापवधक (कामिक एवं प्रशासन)
सेल रिफ्रैक्ट्री यूनिट, प्रधान कार्यालय

बोकारो इस्पात नगर

द्वारा उचित माध्यम

महोदय,

मैं सेल कर्मचारी सेवा निवृत्ति अनुलाभ निधी के अंतर्गत वार्षिक अनुलाभ लेने के लिए इच्छुक हूँ। अतः इस हेतु वशुल की गई राशी व्याज सहित लौटाने की कृपा करेंवांछित विवरण निम्नलिखित है

1. कर्मचारी का विवरण

कर्मचारी का नाम

कर्मचारी संख्या

पदनाम

विभाग

विरमित होने की तिथि

विरमित होने का कारण

2. आवेदक का विवरण (कर्मचारी के मृत्यु होने की स्थिति में)

नाम

कर्मचारी से संबंध

पत्राचार का पता

पिन कोड

आवेदक का हस्ताक्षर / अंगठे का निशान

BHARAT REFRACTORIES PROVIDENT FUND TRUST

Application for final settlement
vide Rule 31 of Provident Fund Rules.

- 1.a) Name (in block letters) : _____
 b) Staff No. : _____
 c) Department : _____
 2. Designation : _____
 3. Basic pay & D.A. last drawn : _____
 4. Date of joining in SRU : _____
 5. Date of admission to P.F. : _____
 6. Date of termination of service : _____
 7. Reason for termination of service(Copy of relevant Office order to be attached) : _____
 8. Mode of payment desired-Cheque/ RTGS/Net Banking : _____
 (Bank mandate of account to be attached)
 9. Other remarks, if any : _____
 10. Any P.F. Loan (Refundable/NRL)Last taken : Y/N
 If Yes, Amount and date to be mentioned : _____

DECLARATION

I request that my provident fund may be sent to me/ credited to my above Account through RTGS/Net Banking at the address give below(in case of cheque Payment):-

I clearly understand that the remittance is made at my sole risk and that the Board of Trustees for **BHARAT REFRACTORIE PROVIDENT FUND TRUST** accept no responsibility for any loss due to fraudulent encashment thereof by unauthorised parties.

<u>Either</u>	<u>Or</u>
I am now employed.	I have not found any employment, since the termination of my Service from SAIL Refractory Unit.
<u>My Present address:</u>	
	Full Name & Signature or LTI of member/claimant

VERANCULAR SIGNATURE TO BE WRITTEN IN ENGLISH OF THE PERSONAL SHOULE BE DESCRIBED.

12. Final settlement on death of member (along with death certicate & affidavit in original)

Relation of the claimant _____ signature/LTI of Shri _____ is
Attested

(To be attached by an office of SRU/Gazetted Officer with his name & official)

FOR USE IN THE PERSONNEL DEPARTMENT

1. Certified that the information given in the preceding page (i.e. item 1 to 8) is correct. There is no demands against him/her/copy of demand certificate is enclosed.
2. Certified that is applicant is released from service after fulfillment of the contract with the company on _____
3. The resignation submitted by the applicant has been duly accepted with effect from _____
4. The service of the applicant was (are discharged/terminated/dismisse) with effect form _____ date _____

Signature of P&A Officer
(with official seal & designation)

FOR USE IN PAY SECTION (F&A) BRANCH

Certified that (i) final payment of salary up to _____ has been made to applicant after recovering all the dues vide bill No _____

(ii) The credits in respect of P.F. of the applicant have been transferred to P.F. Section up to _____

Dealing Asstt.

Accountant

JM./Asstt. Mgr.

FOR USE IN P.F. SECTION

Total amount payable as under	Rs.	
1. Emolyees contribution including interest*	Rs.	
2. Company's contribution including interest*	Rs.	
3. Voluntary subscription including Interest*	Rs.	
Total	Rs.	
Lass. Deduction of P.F. Lone	Rs.	
Interest on P.F. Loan	Rs.	
(interest paid up to _____)		
Net payable	Rs.	

Dealing Assistant

Accountent

Jr./Asstt.Mgr

PAYMENT SANCTIONED. CERTIFIED THAT THE FINAL PAYMENT OF _____
(Rupees _____)

Including _____ cpntribution is payable under provisions of P.F.
Rules after _____ of Rs _____ not payable

Trustee

Trustee

Paid voucher no _____ Dated _____
Cheque No. _____ Dated _____