

APPLICATION FORM FOR AVAILING MEDICAL FACILITIES IN ISPAT HOSPITAL BY RETIRED EMPLOYEE OF SAIL

Paste a passport size photograph of the retired employee of SAIL.

Paste a passport size photograph of the spouse of retired employee of SAIL.

1	Name of Retired SAIL Employee	
2	Personnel No. of the retired Employee	
3	Location from where he/she retired :	
4	Designation last held :	
5	Date of Retirement :	
6	Date of Birth of Retired Employee	
7	Name of Spouse	
8	Date of Birth of Spouse :	
9	Name of the Hospital from where the medical facilities are sought :	Ispat Hospital, MECON, Shyamali Colony, PO: Doranda, Ranchi-834002, Jharkhand.

UNDERTAKING:

- 1 I am staying at _____ after retirement from _____, SAIL.
- 2 I will submit the medical cards for renewal every year in the month of April to the concerned authority of RDCIS, SAIL.
- 3 I am fully aware that SAIL/MECON will not make any reimbursement for the medicines purchased from outside when the same is not available in the hospital at the time of treatment. I am also aware that in case of outside referral for further treatment/diagnosis/investigation, the cost will be borne by me and SAIL/MECON will not make any reimbursement for the same.

Date _____

SIGNATURE OF THE RETIRED SAIL EMPLOYEE

Verified the above and found correct. Medical facilities may be extended at Ispat Hospital.	Medical cards may be issued by MECON.
Signature of the Designated Officer of Plant/Unit	Signature of the Designated Officer of RDCIS