

DREDGING CORPORATION OF INDIA LIMITED
(A Government of India Undertaking)
VISAKHAPATNAM

Ref: DCI/HR/DREPT-DREMT/2018

DT. 14-08-2018

CIRCULAR NO. 28/2018

Sub: Submission of Life Certificate for providing In-Patient Treatment for the year
2019 – Reg.

The existing contract period for providing health insurance cover for DCI Retired Employees under Schemes-I & II will be expiring on 31-01-2019. The award of work for providing health insurance cover and its premium are based on the number of beneficiaries of each individual Retired Employee and his/her Spouse.

02. View above, all Retired Employees, who covered under the existing “DCI Retired Employees Medical Health Insurance Schemes I & II”, **are hereby requested to submit “Life Certificate” in the name of retired Employee and his / her Spouse, if alive (i.e., Two life certificates),” duly certifying the same by concerned Bank Manager with Bank Seal**, for continuing / extending in-patient medical treatment for the period from 01-02-2019 to 31-01-2020, on or before 30-09-2018, failing which, the facility for providing in-patient treatment, will not be continued / extended. This may please be treated as “Most Important”.

03. This is issued with the approval of the Trustees of DREMT.

PHSarananda
H O D (HR)

To:

All Retired Employees -- through DCI Web Portal
All Trustees of DREMT
The General Secretary, DCI-Retired Employees Association
The General Secretary, DCI-OA
The General Secretary, DCI-NEU
The Chairman, DCIL-DREPT

c.c. to: PS to CMD / JM (SS) to DOT / CVO Secretariat -- for kind information

“ : AM (F) (Tax)

” : *HOD (IT) - with a request to host the circular in DCI web-portal*



Dredging Corporation of India Limited

A "Mini-Ratna" Category-I PSU

Visakhapatnam, India

**RETIRED EMPLOYEES MEDICAL TRUST
LIFE CERTIFICATE**

Name of the Retired Employee Shri/Smt. _____

Date of Birth _____ & Age _____

Father's Name [in full] _____

Mother's Maiden Name [infull]

Bank _____ Branch _____

SB A/c.No. _____

IFSC Code: _____

I. LIFE CERTIFICATE

I present myself before my banker today i.e., on
___/___/_____(DD/MM/YYYY) for the purpose of enabling the banker to forward
the Life Certificate for DCIL Retired Employees Medical Trust (DREMT), Visakhapatnam.

Signature /Thumb impression of Beneficiary

Certified that I have seen the person whose details are given above and that
he/she is alive on this date.

The bank account number of the person in the
Core banking is

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Place:

Date:

Signature of the Manager with Bank Seal
