Pers/FSC-01

	SAIL / BOKARO S				Pers/FSC-01
	PERSONNEL DE	PARTMENT /	FINAL SET	TLEMENT CELL	(To be filled in duplicate)
	APPLICATION FOR RETIRED/VR/PERM	FORM FOR O	BTAINING MED DISABLEMENT	NCAL BOOK	<u>.Y</u>
1. 2.	Name of Ex-employee Staff No. & Designation (While in service)				
3.	Department				
4.	Date & Cause of Separation				
5.	Last Basic Pay / Scale				
6.	Permanent Address				
7.	Present Address				
Serv Spo Com	ne of the Co's Hospital where med vices required by the Ex-Employee use (To tick mark any one of the apany's Hospital as per choice of the licant)	e/ IGH BMI the DMI IISC CMC	gaff nså i. Grafsæri	: Bokaro : Rourkel : Bhilai : Durgapu : Burnpur nits : Kolkata : Salem	ir of
SI	Details of E	x-Employee	and / or spor		
			le/ Blood lale Group	Identification Mark	Remarks
	्राह्म सम्बद्धाः स्टब्स्	has seed		1100	1 70 70 80
for s	reby certify that the above particular than the under Medical treatment Rule self and spouse are attached here there declare that my spouse's name	es of the Com with.	pany. Two re	cent passport size	photographs each
Date	AS fust that is been found in				
Forw	varded for needful		ature / LTI/F	RTI of Ex-employe	

Officer of the Department with Seal

## FOR USE IN PERSONNEL DEPARTMENT

Ce	rtified that :					
	The Medical Card issued to the ex-employee and their family members have been cancelled. No. of Medical Books cancelled					
2.	The information given above at SI.No. 1 to 6 is correct.					
3.	Shri/Latewas separated from the Co. with effect fromdue to					
4.	The name and age of spouse mentioned above are correct as per records of Personal File.					

Date: JM/AM/Manager (Pers)

## FOR USE IN FINAL SETTLMENT CELL

- 1. Entered in Register & SI. No.....
- 2. Authority letter No.......date.......along with application of Ex-employee/Spouse issued to AGM (Personnel - BSP / RSP / DSP / IISCO / SSP / CMO).

(Along with Seal)