

Employee  
Code No

MEIS No

**Western Coalfields Limited**  
**MEDICAL DEPARTMENT**  
W C L, H. Q Dispensary  
Coal Estate, Civil Lines, Nagpur-440001

Medical  
Card No.

( Declaration Form for the Purpose of Medical-Attendance/Aid/Treatment )

Application for Issue of Medical Card-New/Renewal/Duplicate/Continuation (Year \_\_\_\_\_ )

1. a) Name of the employee.....Designation.....  
b) Deptt.....Date of Birth .....
- c) Residential Address .....
- d) Phone No. (O)..... (R).....
- e) Service governed by N C D C / C. I. L.
- f) Married/Unmarried :
- g) Family Planning Operation : Yes No

2. Declaration :

- a) I hereby declare that my wholly / mainly dependant Parent is normally residing with me and his/her/their total monthly income does not exceed Rs. 1500/- per month.
- b) I further declare that Husband Shri.....  
is not employed and is wholly dependent on me and residing with me.

Children claimed in this areapplication entitled as per ClL Medical Attendance Rules as mentioned in overleaf.

c) I am enclosing

- i) Certificate from the Head of Educational institution stating the date of admission and duration of me course.
- ii) Copy of Matriculation Certificate / Date of Birth Certificate from competent authority.

3. Particulars of Dependent of Member of the Family.

| Sl. No: | Name | Relation     | As as on 1-1- |
|---------|------|--------------|---------------|
| 1.      |      | Father       |               |
| 2.      |      | Mother       |               |
| 3.      |      | Wife         |               |
| 4.      |      | Son/Daughter |               |
| 5.      |      | Son/Daughter |               |
| 6.      |      | Son Daughter |               |
| 7.      |      | Son/Daughter |               |
| 8.      |      | Son/Daughter |               |
| 9.      |      | Son/Daughter |               |

Duplicate Card.....

Signature of Employee

Issued/Renewed.....

Above Particulars are Verified from  
Employees Service Record

Signature of H. O. D.