



Dredging Corporation of India Limited

A "Mini-Ratna" Category-I PSU

Visakhapatnam, India

DCIL RETIRED EMPLOYEES MEDICAL TRUST

TO
THE CHAIRMAN,
DCIL RETIRED EMPLOYEES MEDICAL TRUST,
DCIL , VISAKHAPATNAM.

Date : ----/-----/----

Dear Sir,

Sub: Willingness to join in DCIL Retired employees Medical Trust – Reg.

This is to inform your good self that I

_____, Ex-_____,
B.No._____ was retired from the services of corporation on date
____/____/____(DD/MM/YYYY).

I have read all the terms and conditions of post retirement medical scheme under DCI Retired Employees Medical Trust (DREMT) and I am willing to join the scheme to get benefits of the scheme offered by DREMT.

As desired the following forms and documents are enclosed for further necessary action at your end.

- 1)
- 2)
- 3)
- 4)
- 5)

Thanking you,

Yours faithfully,

Date:

(Retired Employee)



DCIL RETIRED EMPLOYEES MEDICAL TRUST

KNOW YOUR BENEFICIARY

Full Name of the Employee:	
Designation at the time of Superannuation:	
Date of Superannuation from DCIL:	
Spouse Full Name:	
Whether the Rtd. employee and/or spouse are availing any such benefit under similar scheme or any other scheme?	Yes/No
Date of Birth - Rtd Employee - Spouse	
Residential Address for Communication:	
Mobile No: Self/Spouse	
Landline No:	
Email ID:	
Alternate contact Number in case of emergency other than self/spouse:	
Account Type:	(SB/CA/OD)
Account No:	
Centre(Location)	
Name of the Bank/ Branch address : Tel.No:	
IFS Code of the Branch:	

Date:

(Retired Employee)



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TO

Date : ----/-----/-

THE CHAIRMAN,
DCIL RETIRED EMPLOYEES MEDICAL TRUST,
DCIL , VISAKHAPATNAM.

Dear Sir,

Sub: Non availing of Medical benefits under any other scheme – Reg.

I _____, Ex-_____,
B.No._____ am hereby declared that myself and my spouse are not availing any such medical benefits under similar scheme or under any other scheme by central Govt / Satae Govt/ PSUs/ Private Sectors.

02. We further to certify that , myself or my spouse is not availing any medical benefits as dependents of our children employed in public / private sector .

03. I hereby certify that, the above information furnished by me is true to the best of my knowledge and belief . My beneficiary ship shall be liable to be cancelled in future, if the above information is proved to be false.

Thanking you,

Yours faithfully,

(Retired Employee)