

**DREDGING CORPORATION OF INDIA LIMITED  
VISAKHAPATNAM**

REF: DCI/HR/DREMT/2023/

Date: 04.12.2023

**CIRCULAR No. 19 / 2023**

Sub: Submission of Life Certificates for providing Medical Facility to DCI  
Retired Employees for the year, 2024 - Reg.

Ref: Circular No.27/2022, dated 18.10.2022

\* \* \*

Further to Circular No.27/2022, dated 18.10.2022, on the subject cited, it is to mention that the existing Group Health Insurance Policy period for providing medical facility for DCI Retired Employees under Scheme-I & II will be expiring on 31-01-2024. The next award of work for providing medical facility will be based on the number of beneficiaries.

2. View above and as submitted earlier, all Retired Employees, who are covered under the existing "DCI-Retired Employees Medical Health Insurance Scheme I & II", are hereby requested to submit "Self declaration of survival" in the name of retired Employee and his/her spouse, in the prescribed format (Self declaration of survival are available in DCI website) for continuing / extending medical facility for the period from 01-02-2024 to 31-01-2025, on or before 18-12-2023, by email / post to the Jt. Manager (HR) (SE), DCI Ltd., Dredge House, HB Colony, Visakhapatnam - 530 022, failing which, the facility will not be continued / extended. Life certificates / Self declaration of survival received after the due date i.e., **18-12-2023**, will not be considered. For further information, if any, contact by email to [dcidremt@dcil.co.in](mailto:dcidremt@dcil.co.in) or by phone 0891 - 2871 373.

  
(DR. P.K. SETHI)  
GENERAL MANAGER/ HOD (HR)

To:

All Retired Employees – Through DCI Web Portal along with Format of Life Certificate  
Chairman and all Trustees of DREMT - For kind information.

The General Secretary, DCI - Retired Employees Association/DCI-OA-/DCI-NEU

Copy to: Secretariat of MD &CEO, CVO - For kind information of MD & CEO, CVO

Copy to: DGM (F)

Copy to: HOD(IT) - With a request to host the Circular along with Format on  
DCI-Web portal.

**FORMAT OF RETIRED EMPLOYEES MEDICAL HEALTH INSURANCE SCHEME**  
**SURVIVAL DECLARATION/CERTIFICATE FOR THE POLICY PERIOD FROM**  
**01.02.2024 TO 31.01.2025**

**Two Schemes** (Pl. Tick whichever is applicable)

Employees retired/VRS, before 1.1.2007 are eligible under Scheme-I .

Employees retired/ VRS on or after 1.1.2007 are eligible under Scheme-II.

From:

Name in Full &amp; badge No. :

VRS/ Retired from service on :

Present mailing Address :

Phone Nos. (Land Line) with STD Code :

E-mail id :

Mobile Nos. : (Self) \_\_\_\_\_ Spouse Cell No.: \_\_\_\_\_

To:

The Chairman (DREMT)

DCIL, Dredge House, HB Colony,

Visakhapatnam-530 022,

Dear Sir/ Madam,

Sub: Self Declaration of Life/Survival for renewal of medical insurance under DREMT – Reg.

Please refer to your Circular No. \_\_\_\_\_ dated \_\_\_\_\_, on the above subject.

I, (Mr. / Ms.) \_\_\_\_\_, (Ex-Employee/ Spouse of the Ex-Employee) (Tick whichever is applicable), certify the following information furnished hereunder in respect of beneficiaries under the **“FORMAT OF RETIRED EMPLOYEES MEDICAL HEALTH INSURANCE SCHEME ”**:

Sl. No.	Name of the Beneficiary/ Spouse ( Only Self and Spouse)	Badge No. of the retired employee, Date of birth	Relationshi p (indicate Self/Spouse )	Remarks (Surviving / or expired) If expired pl. indicate date of expiry	Pl. indicate date of death/exit (if expired / exited from the scheme)
1.					
2.					

(Signature of the  
Ex-employee with Date)

(Signature of the Spouse of the  
Ex-employee with Date)