



cmpdi
A Mini Ratna Company

सेन्ट्रल माईन प्लानिंग एण्ड डिजाइन इन्स्टीच्यूट लिमिटेड
(कोल इण्डिया लिमिटेड की अनुषंगी कम्पनी / भारत सरकार का एक लोक उपक्रम)
गोन्दवाना प्लेस, कान्के रोड, राँची - 834 008, झारखंड (भारत)
Central Mine Planning & Design Institute Limited
(A Subsidiary of Coal India Limited / Govt. of India Public Sector Undertaking)
Gondwana Place, Kanke Road, Ranchi - 834 008, Jharkhand (INDIA)

An ISO 9001: 2015 & ISO 37001: 2016 Certified Company

Rat NO/CMPDI/HQ/CPRMSE/NE/ 511

Date: 13.05.2025

Order

The documents required for issuance of CPRMSE/NE Card is to be submitted by employee who is retiring and are attached herewith and the same should be submitted by the employee **between 1st to 5th of the month in which he is retiring.**

In case of RIs, all RIs are requested to collect documents from employees according to the attached checklist on the 1st of the month prior to the month in which he/she is retiring so that the same after due scrutiny reaches PRMB Cell on 1st of the month in which he/she is retiring. For instance, if an employee is retiring on May 31st, the documents should be collected from them starting April 1st, so that these documents are examined and submitted to PRMB Cell, CMPDI HQ by **May 1st for processing.**

Any other information if required would be sought from employee/RI/establishment concerned.

All concerned are requested to provide the relevant details/documents within the designated timeframe to ensure the timely issuance of the CPRMSE/CPRMSNE Cards to retired personnel.

GM(HR) 13.05.2025

CMPDI HQ



फोन नम्बर/Phone No. : 0651-2230933
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Check list issuance of CPRMSE Medical Card

1. CPRMSE Medical Card (Annexure – A - Copy enclosed) Format 02 Copies (if benefits will be taken from CMPDI)
2. CPRMSE Medical Card (Annexure – A- Copy enclosed) Format 03 Copies (if benefits will be taken from CIL (HQ), Kolkata/Other Subsidiaries)
3. ECS Mandate Form (Copy Enclosed).
4. ERP Format (Copy Enclosed).
5. Declaration (Copy Enclosed).
6. Cancelled Cheque (Self).
7. Retirement Notice
8. Photo copy of Aadhar Card & PAN card of Self, Spouse and Nominee (duly signed by employee & person concerned)
9. Front page Photo copy of Bank Pass Book (with seal of bank) of Self and Spouse in Former or Survivor mode (duly signed by employee & person concerned)
10. Front page Photo copy of Bank Pass Book (with seal of bank) of Nominee (duly signed by employee & person concerned)
11. For executives who have been promoted from Non – executive cadre, the finance department may provide the management contribution certificate towards CPRMSE (Rs.40000.00)

Check list issuance of CPRMS-NE Medical Card

1. CPRMS-NE Medical Card (Annexure – A - Copy enclosed) Format 02 Copies (if benefits will be taken from CMPDI)
2. CPRMS-NE Medical Card (Annexure – A- Copy enclosed) Format 03 Copies (if benefits will be taken from CIL (HQ), Kolkata/Other Subsidiaries)
3. ECS Mandate Form (Copy Enclosed).
4. ERP Format (Copy Enclosed).
5. Declaration (Copy Enclosed).
6. Cancelled Cheque (Self).
7. Retirement Notice
8. Photo copy of Aadhar Card & PAN card of Self, Spouse and Nominee (duly signed by executive & person concerned)
9. Front page Photo copy of Bank Pass Book (with seal of bank) of Self & Spouse (self & Spouse joint Bank A/c in former or survivor mode)
10. Front page Photo copy of Bank Pass Book (with seal of bank) of Nominee (duly signed by executive & person concerned)
11. Deduction certificate of contribution of Rs 40,000 (Rs Forty thousand only) towards CPRMS-NE



COAL INDIA LIMITED (HQ), KOLKATA

A Maharatna Company

POST-RETIREMENT MEDICAL CARD

CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES

Registration No:

Photograph of Retired Executive		Photograph of Spouse		Photograph of Nominee	
DOB of Employee:		DOB of Spouse:		DOB of Nominee:	
1a.	Name of Retired Executive with EIS No				
1b.	PAN No			Aadhaar No	
2a.	Name of Spouse				
2b.	PAN No			Aadhaar No	
3	Date of retirement				
4	Designation & Grade at the time of retirement				
5	Scale of pay & basic pay as on D.O. R				
6	Company along with / Mine / Establishment / Unit from where Retired				
7	Company / Establishment where Registered for Medical Benefits under the scheme				
8	Correspondence Address with PIN Code				
9	Name of the Nominee with relationship				
10	Address of the Nominee				
11	Company opted for claiming reimbursement				
12	Mail-id & Contact No.				

DECLARATION

- I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-E Policy clause no:2 and declare that if any facts to the contrary are detected, the company (CIL or Subsidiary Company) shall be free to cancel said benefits without any further reference to me/us.
- I/ We hereby declare that particulars given above are correct and complete and if the transaction is delayed or credit is not available or credit is not affected due to incorrect information, I/we will not hold Coal India Ltd. responsible.

(Signature of Retired Executive)
(Signature of Nominee)

(Signature of Spouse)

FOR OFFICE USE

Received Rs..... Vide Draft
No.....Dated.....

Date, Stamp & Signature of Receiving Officer

Signature of Issuing Authority with seal

Validity Period of the Card:
From.....To.....

Date of issue.....

MANDATE FORM FOR PAYMENT THROUGH ELECTRONIC MODES

To

The HOD (P&A)

CMPDIL (HQ), Ranchi

Sub:- Authorization of all our payment through Electronic Fund Transfer System FT/RTGS/NEFT

Dear Sir/Madam

We hereby authorize CIL/CMPDIL to disburse all our payment through electronic fund transfer system FT/RTGS/NEFT. The details for facilitating the payments are given below:-

1	Name of the beneficiary, Address with Mobile No.	<div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>
2	Bank Name, Address with Telephone No.	
3	Branch Name & Branch Code	
4	IFSC Code	
5	MICR Code (Indicated on the cheque)	
6	Bank Account Number	
7	Account Type	Savings / Current
8	PAN No. of the beneficiary	

Yes, I have attached the photocopy of a blank/cancelled cheque.

I/We hereby declare that particulars given above are correct and complete and if the transaction is delayed or credit is not affected due to incorrect information, I/We will not hold CIL/CMPDIL responsible.

Signature of Ex – Executive/Spouse

Name

Date

Updation of CPRMSE & CPRMS-NE Member details required for implementation of ERP

Sl No	Fields	Details
1	Name of Executive/Non-executive	
2	Designation at the time of separation	
3	Gender	
4	Employee No	
5	Date of Birth	
6	Date of Appointment	
7	Date of Separation	
8	Basic pay on Date of Separation	
9	ADHAAR card no. of Self (with photocopy)	
10	PAN card no. of Self(with photocopy)	
11	ADHAAR card no. of Spouse(with photocopy)	
12	PAN card no. of Spouse(with photocopy)	
13	Company from where retired	
14	Area from where retired	
15	Company opted for claiming reimbursement	
16	Name of Spouse	
17	Date of Birth of Spouse	
18	Nominee Name	
19	Relationship of Nominee with with ex-Employee	
20	Nominee address	
21	Name of Bank/Branch	
22	Account No	
23	IFSC Code	
24	Permanent Address of employee	
25	Present Address of employee	
26	Employee email id of employee	
27	Contact No of Employee	
28	Contact No of Spouse	
29	Contact No of Nominee	

Form-A
APPLICATION FORM-CUM-MEDICAL CARD FOR CPRMS-NE (MODIFIED)

A. Personal Details :

Details	Ex-Employee	Spouse of Ex-Emp.	Nominee
Recent Colour Photograph (Upper part – to be signed by Ex-Employee)			
Lower part – to be signed by the Incharge of Personnel)			
Name			Relationship with Ex-Employee-
Date of Birth			
Gender			
PAN			
Aadhar No.			
Name of Bank & Branch			
Bank A/C No.			
IFSC Code			
Correspondence Address with PIN Code			
Contact No. (s)			
Email Id :			

B. Official Details of Ex-Employees at the time of Separation :

NEIS No. :	Date of Appointment :	Reason of Separation : (Ret./ Med. Unfit / VRS/Retd. Bef. Sup. / Resignation / Death) (Tick one) Others :	Spouse in CIL/Subs. – Yes / No. If Yes ; Exec. / Non-Ex. on Roll / Retd. (Tick one) Subsidiary : NEIS No. :
Designation :	Date of Separation :		

Company :	Transferred from CPRMS-NE (2014) : Yes / No (Tick one)	Divyang Child (ren) : Yes / No (If Yes, fill Form-B too)	Company for Claiming Benefits :
Area :		No. of Divyang Children :	
Unit		Name(s) of Divyang Child (ren) :	

C. Declaration :

I / Beneficiaries comply with the provisions of the Scheme. In case of any misuse, action against me / beneficiaries may be taken.

(Signature of Ex-Non-Employee)

(Signature of Spouse)

(Signature of Nominee)

Date :

Date :

Date :

D. For Office Use :

Finance Division	Personnel Division
Full Contribution Received : Yes / No. (Tick one)	Eligible for Membership : Yes / No. (Tick one)
Mode : Salary Deduction / Demand Draft / Both (Tick one)	Medical Card No. :
DD No.:	Date of Issue :
Date of DD :	Signature :
Amount :	Name :
Signature :	Designation :
Name :	Official Seal :
Designation :	
Official Seal :	

Note : The application form, in triplicate, need to be submitted along with three of all supporting documents, proof of deduction / deposition etc. Original documents need to be produced for verification.

Validity of the Card is subject to timely & yearly submission of the Life Certificate

Declaration by Executive

The undersigned is retiring from the service of the Company w.e.f and therefore It is requested to kindly issue post-retirement Medical card for myself and my spouse under CPRMSE.

The filled in Medical card along with Aadhar and PAN of myself and spouse (3 sets) are attached herewith for needful.

Further, I hereby declare that:-

1. No Major penalty disciplinary proceeding is pending against me.
2. Myself and my Spouse are not getting similar medical facilities either as a dependent or in individual capacity from or through the Central /State Govt. / Public Sector / Undertaking Quasi Govt. Body.
3. My spouse is not working in CIL (HQ) Kolkata or any subsidiary of CIL

This is for kind information and further needful.

Signature –

Date -

Name -

Designation -

EIS No -

Area -

Unit -

Phone No -

Declaration by Non- Executive

The undersigned is retiring from the service of the Company w.e.f..... and therefore
It is requested to kindly issue post-retirement Medical card for myself and my spouse under
CPRMSE-NE

The filled in Medical card along with Aadhar and PAN of myself and spouse (3 sets) are
attached herewith for needful.

Further, I hereby declare that :-

1. Myself and my Spouse are not getting similar medical facilities either as a dependent
or in individual capacity from or through the Central /State Govt. / Public Sector / Undertaking
Quasi Govt. Body.
2. My spouse is not working in CIL (HQ) Kolkata or any subsidiary of CIL

This is for kind information and further needful.

Signature -

Date -

Name -

Designation -

NIES No -

Area -

Unit -

Phone No -