



**cmpdi**  
A Mini Ratna Company

सेन्ट्रल माईन प्लानिंग एण्ड डिजाइन इन्स्टीच्यूट लिमिटेड  
(कोल इंडिया लिमिटेड की अनुकूली कंपनी / भारत सरकार का एक लोक उपकरण)  
**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

Ref 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 1<sup>st</sup> to 5<sup>th</sup> 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 1<sup>st</sup> 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.

13.05.2025  
GM(HR)

CMPDI HQ

Check list issuance of CPRMSE Medical Card

1. CPRMSE Medical Card (Annexure – A - <b>Copy enclosed</b> ) Format 02 Copies (if benefits will be taken from CMPDI
2. CPRMSE Medical Card (Annexure – A- <b>Copy enclosed</b> ) Format 03 Copies (if benefits will be taken from CIL (HQ), Kolkata/Other Subsidiaries)
3. ECS Mandate Form ( <b>Copy Enclosed</b> ).
4. ERP Format ( <b>Copy Enclosed</b> ).
5. Declaration ( <b>Copy Enclosed</b> ).
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 - <b>Copy enclosed</b> ) Format 02 Copies (if benefits will be taken from CMPDI)
2. CPRMS-NE Medical Card (Annexure – A- <b>Copy enclosed</b> ) Format 03 Copies (if benefits will be taken from CIL (HQ), Kolkata/Other Subsidiaries)
3. ECS Mandate Form ( <b>Copy Enclosed</b> ).
4. ERP Format ( <b>Copy Enclosed</b> ).
5. Declaration ( <b>Copy Enclosed</b> ).
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:**

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

**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)

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

Date, Stamp &amp; Signature of Receiving Officer

**FOR OFFICE USE**

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	<b>Name of the beneficiary, Address with Mobile No.</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>
2	<b>Bank Name, Address with Telephone No.</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>
3	<b>Branch Name &amp; Branch Code</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>
4	<b>IFSC Code</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>
5	<b>MICR Code (Indicated on the cheque)</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>
6	<b>Bank Account Number</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>
7	<b>Account Type</b>	<b>Savings / Current</b>
8	<b>PAN No. of the beneficiary</b>	<input style="width: 100px; height: 100px; border: 1px solid black; margin: 10px auto;" type="text"/>

**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**

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

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

**A. Personal Details :**

Details	Ex-Employee	Spouse of Ex-Emp.	Nominee
Recent Colour Photograph <i>(Upper part – to be signed by Ex-Employee</i>			
<i>Lower part – to be signed by the Incharge of Personnel)</i>			
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 :			

**Form-A**

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

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

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

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

**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 -