



**केन्द्रीय विपणन संगठन**  
**CENTRAL MARKETING ORGANISATION**  
**HUMAN RESOURCE DEPARTMENT**  
**ISPAT BHAVAN, KOLKATA**

**APPLICATION FOR AVAILING MEDICAL BENEFITS FROM PHARMACY AT ISPAT BHAVAN,**  
**KOLKATA FOR EX-EMPLOYEES**

1	NAME												
2	NAME OF SPOUSE												
3	MIN (SELF)												
	MIN (SPOUSE)												
4a	PRESENT ADDRESS WITH PIN CODE												
4b	MOBILE NO.												
5	AADHAAR NO. (SELF)												
	AADHAAR NO. (SPOUSE)												
6	PLANT/UNIT FROM WHICH RETIRED												
7	DATE OF RETIREMENT			/			/						
<b>FOR OFFICIAL USE ONLY</b>													
A	MEDICAL BOOKLET NO		/					/				/	
B	DATE OF ISSUANCE			/			/						
C	ISSUED BY												

(SIGNATURE OF THE APPLICANT)

DATE :

**DOCUMENTS TO BE SUBMITTED :**

1. AADHAAR CARD (SELF & SPOUSE)
2. SERVICE CERTIFICATE OR SUPERANNUATION ORDER
3. ORIGINAL MEDICAL TREATMENT BOOK ISSUED BY RESPECTIVE PLANT OR UNIT AT THE TIME OF RETIREMENT (SELF & SPOUSE)
4. PHOTOGRAPH (2 COPIES FOR EACH)