



# THDC INDIA LIMITED

(Corporate Personnel – Rishikesh)

NO: THDC/RKSH/CP/Policy/101/ 681

Dated: 30.08.2019

## CORPORATE PERSONNEL CIRCULAR NO. 12 /2019

In supersession of Office Order No.THDC/RKSH/CP/Policy/101/1009-1054 dated 22.06.2018, Management is pleased to revise/introduce following provisions in the existing Contributory Scheme of Post Retirement Medical Facilities with immediate effect:-


- (i). The maximum annual monetary ceiling towards outpatient/domiciliary treatment of retired employees under contributory Scheme of Post Retirement Medical Facilities (clause 3.2.2), shall be equivalent to the maximum of the pay scales of serving employees of equivalent status/rank drawing salary in revised scale of pay w.e.f. 01.01.2017.
- (ii). The pay scale implemented in workmen category w.e.f. 01.01.2017 in THDCIL are open ended, therefore, the revised annual monetary ceiling towards outpatient/domiciliary treatment of retired employees in workmen category shall be as per details given below:-

Grade	Max. Annual Monetary Ceiling
W0	Rs. 57,500
W1	Rs. 68,000
W2	Rs. 72,000
W3	Rs. 74,000
W4	Rs. 85,000
W5	Rs. 1,00,000
W6	Rs. 1,05,000
W7	Rs. 1,08,000
W8	Rs. 1,17,500
W9	Rs. 1,18,,000
W10	Rs. 1,18,,500
W11	Rs. 1,19,000
SG	Rs. 1,19,500

- (iii). The Retired employees shall submit their medical bills on quarterly basis. However, in case due to any reason, medical bills could not be submitted on quarterly basis, the retired employee can submit it before the end of financial year or within 45 days from the closing of the Financial Year.
- (iv). Henceforth, a Life Certificate shall be submitted by beneficiary employees at the beginning of the Financial year in the concerned Unit from where the medical facility is being obtained. The format of life certificate is enclosed. The authority who will issue the life certificate should be a Registered Medical Practitioner with Regd. No. OR Gazetted Officer at Central/State Govt. OR the Branch Manager of the Bank where the retired employee/spouse is holding saving Bank Account OR any Officer of the Company from where the Medical facility is obtained.

The revised Annual Monetary Ceiling towards outpatient/domiciliary treatment under the above Scheme shall be effective from the date of issue of this Circular.

This issues with the approval of the Competent Authority.

  
( Dr. A.N. Tripathy)  
Dy.General Manager(Personnel)

Distribution: As per overleaf.

## LIFE CERTIFICATE

This is to certify that Shri./Smt \_\_\_\_\_ S/O, D/O  
Shri. \_\_\_\_\_  
and \_\_\_\_\_ Shri./Smt. \_\_\_\_\_ wife/husband \_\_\_\_\_ of  
Sh./Smt. \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ are known to me and is/are alive at  
the time of issuing this certificate. The certificate is issued for release of  
payment for outdoor/ domiciliary treatment under THDCIL Contributory  
Scheme for Post Retirement Medical Facilities.

The signatures/thumb impression of the above mentioned persons is/are  
attested hereunder.

**Signature of Retired employee:**

**Signature of Spouse:**

\_\_\_\_\_  
Signature of Registered Medical Practitioner with regd. No.  
OR Gazetted Officer at Central/State Govt. OR The Branch  
Manager of the Bank where the retired Executive/Spouse is  
holding Saving Bank Account or Any Officer of the Company  
from where the Medical Facility is obtained.

**With Seal/Stamp/ Emp No./Designation in case of  
THDCIL Officer.**

Date:

Registration Number of Medical Card:

**Note:** Signature/ Thumb impression of spouse is mandatory in case couple membership. In case claim is also being made for dependent children a separate declaration about his/her eligibility and being alive shall be submitted by ex-employee.

**Declaration:** The facts mentioned above are true to my best of knowledge and in case of false or wrong information, the benefit under the scheme shall be forfeited and I/we shall no claim whatsoever.

