

APPLICATION FORM FOR JOINING RELHS-97 & ISSUE OF MEDICAL CARD

TO
DIVISIONAL PERSONNEL OFFICER,

(Office from which Retired)

SIR,

SUBJECT: APPLICATION FOR JOINING RELHS-97 SCHEME & ISSUE OF MEDICAL CARD REFERENCE: RAILWAY BOARD'S LETTER No. 2011/H/28/1/RELHS/Court Case Dated 31-5-2012 to all GMs

In reference to Railway Board's letter cited above – vide which RELHS – 97 has been re-opened and made open ended – I hereby opt to join & become member of RELHS-97 Scheme. Kindly issue me the Medical Card along with that of my following dependent family members. My service particulars and other information are as under:

1. NAME: _____
2. HUSBAND/FATHER'S NAME: _____
3. DESIGNATION: _____
4. OFFICE FROM WHICH RETIRED: _____
5. GRADE/ RATE OF PAY & PENSION _____
6. DOB: _____
7. DOA: _____
8. DOR/DOD: _____
9. NATURE OF RETIREMENT: _____
10. M.R. NO. & DATE: _____
11. QUALIFYING SERVICE: _____
12. ADDRESS & TELEPHONE NO: _____
13. FIXED MEDICAL ALLOWANCE (RS 100) OPTED OR NOT: _____
14. NAME OF PENSION DISBURSING AUTHORITY i.e. (BANK): - _____

ACCUNT NO. _____

15. PPO NO: _____

16. DETAILS OF DEPENDENT FAMILY MEMBERS FOR WHICH MEDICAL CARD IS TO BE ISSUED:

SL NO	NAME	RELATION	DOB

DATE:PLACE:	JOINT PHOTOGRAPH OF FAMILY	SIGNATURES OF APPLICANT NAME OF APPLICANT DESIGNATION DOR
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PTO

DECLARATION REGARDING "LOCK-IN" PERIOD UNDER RELHS-97(REOPENING OF RETIRED EMPLOYEES LIBERALISED HEALTH SCHEME-1997) I, s/o Sh retired on as hereby declare that I am joining the above said scheme (RELHS-97) with full knowledge about the "LOCK IN" period. I will not submit any reimbursement claim for treatment taken in private and private recognised hospitals during the "LOCK IN" period (of 6 months); And also would not challenge the order of Railway Board in this effect in any court of law. I also declare that I shall fulfill all terms and conditions in the Railway Board's Orders on RELHS – 97 as amended till now and bind with these instructions.

DATE:PLACE:

SIGNATURES OF APPLICANT
NAME OF APPLICANT
DESIGNATION/STATION
DOR
ADDRESS

DECLARATION OF FIXED MEDICAL ALLOWANCE

REG.: JOINING OF RETIRED EMPLOYEES LIBERALISED HEALTH (REOPEN) SCHEME-

I hereby declare that, I am residing at & drawing my pension from the Bank Under PPO no & Bank A/c no I am getting* / not getting* Rs _____ pm as fixed medical allowance since

DATE:PLACE:

SIGNATURES OF APPLICANT.....
NAME OF APPLICANT.....
DESIGNATION/STATION
DOR
ADDRESS

*Strike out whichever is not applicable