****

**HINDUSTAN ORGANIC CHEMICALS LTD**

KOCHI UNIT, AMBALAMUGAL

**LIFE CERTIFICATE TO BE SUBMITTED BY THE PRESENT MEMBERS**

**DETAILS OF RETIRED EMPLOYEE :**

|  |  |  |
| --- | --- | --- |
| 1 | Full Name |  |
| 02 | Male / Female |  |
| 03 | Age & Date of Birth |  |
| 04 | Date of Initial Membership in the Scheme |  |
| 05 | Residential Address with PIN Code |  |
| 06 | Phone No. |  |
| 07 | E-mail ID, if any |  |
|  |  | **Signature** |

**DETAILS OF RETIRED EMPLOYEE’S SPOUSE :**

|  |  |  |
| --- | --- | --- |
| 1 | Full Name of Insured Person |  |
| 02 | Male / Female |  |
| 03 | Age & Date of Birth |  |
| 04 | Date of Initial Membership in the Scheme |  |
| 06 | Phone No. |  |
| 07 | E-mail ID, if any |  |
|  |  | **Signature** |
| **PAYMENT DETAILS** | | |
|  | ***Name of Bank through the NEFT/RTGS Transfer done*** |  |
|  | ***UTR No.*** |  |
|  | ***Date*** |  |
|  | ***Amount (Rs.)*** |  |
|  | ***Mail ID for sending the Details to HOCL*** | [mediclaim@hoclindia.com](mailto:mediclaim@hoclindia.com) |

**सेवा में To :CGM(HR),HOC Ltd,Ambalamugal,Kochi, Kerala-682302**



**हिंदुस्तान ऑर्गेनिक केमिकल्स लिमिटेड**

HINDUSTAN ORGANIC CHEMICALS LIMITED

(भारत सरकार का उपक्रम A Government of India Enterprise)

**समूह मेडिक्लेम बीमा – सेवानिवृत्त कर्मचारी GROUP MEDICLAIM INSURANCE-RETIRED EMPLOYEES**

**आवेदन पत्र APPLICATION FORM FOR NEW JOINERS**

**सेवानिवृत्त कर्मचारी RETIRED EMPLOYEE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | बीमाकृत कर्मचारी का पूरा नाम  Full Name of Employee |  | |
| 2 | Ticket No. & Designation at the time of Retirement. |  | फोटो Photo |
| 3 | पुरुष Male/ स्त्री Female |  |
| 4 | जन्म दिन एवं आयु  Date of Birth & Age |  |
| 5 | पूर्ण आवासीय पता  Date of Retirement/Voluntary Retirement. |  |
| 6 | Total No. of Years Service in HOCL |  | |
| 7 | मोबाइल सं Mobile No |  | |
| 8 | ई मेल पता Email Address |  | |
| 9 | Full Postal Address |  | |
|  | | हस्ताक्षर Signature | |

**सेवानिवृत्त कर्मचारी का पति/ की पत्नी RETIRED EMPLOYEE’s SPOUSE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full Name of Spouse |  | |
| 2 | पुरुष Male/ स्त्री Female |  | फोटो Photo |
| 3 | जन्म दिन एवं आयु  Date of Birth & Age |  |
| 4 | दूरभाष Phone No  मोबाइल सं Mobile No |  |
|  | हस्ताक्षर Signature |  |
| **PAYMENT DETAILS** | | |
|
|  | ***Name of Bank through the NEFT Transfer done*** |  | |
|  | ***UTR No.*** |  | |
|  | ***Date*** |  | |
|  | ***Amount (Rs.)*** | Rs. | |
|  | ***Mail ID for sending the Details to HOCL*** | [mediclaim@hoclindia.com](mailto:mediclaim@hoclindia.com) | |
|  | | ***हस्ताक्षर Signature*** | |

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