

ENROLMENT FORM FOR WORKMEN RETIRED AFTER 1.1.07

Date:

The HR Head,
Hindustan Aeronautics Limited,
_____ Division/ Office,

Dear Sir,

Sub: Enrolment to become a member of the "HAL Post Superannuation Group Health Insurance Scheme for Workmen retired after 1.1.07".

-oOo-

I request you to enroll me and my spouse (*strike off the words not applicable*) to become member(s) to the **"HAL Post Superannuation Group Health Insurance Scheme for Workmen retired after 1.1.07"**. My/ our (*strike off whichever is not applicable*) particulars are indicated in Appendices-B, C & D to this letter (**Appendices-C & D are not required in case of Workmen retiring, etc after January 2015**). I am enclosing copies of the following Certificates (indicate below):

- a)
- b)
- c)
- d)
- e)

2. Further, DD No. _____ dated _____ towards the Registration Fee of Rs.250/- / Rs.500/- (*strike off whichever is not applicable*) is enclosed. One copy each of recent colour passport size & stamp size photographs are also enclosed [(1 passport size & 1 stamp size photos of the retired Executive & 1 passport size & 1 stamp size photos of the Spouse (total 4 photos)]

Thanking you,
Yours truly,

(Signature)

Place:

Name:
Address:

HAL POST SUPERANNUATION GROUP HEALTH INSURANCE SCHEME FOR WORKMEN RETIRED AFTER 1.1.07

Enrolment of (Select one):

- Retired Workmen & Spouse
- Retired Workmen alone
- Widow/ Widower of retired Workmen

Affix a recent passport size photograph of the **Rtd. Workmen** here, and get it attested by a Gazetted Officer with Name & Seal

Affix a recent passport size photograph of the **Spouse of the Rtd. Workmen** (if applicable) and get it attested by a Gazetted Officer with Name & Seal

Sl. No.	Particulars	
		<i>(to be filled in by the beneficiary)</i>
Personal Details :		
1.	Name of the Retired Workman (in Block Letters)	:
2.	Ex-PB No.(at the time of superannuation etc)	:
3.	Date of Birth DD/MM/YY	:
4.	Age	: ___years___months___days
5.	Name of the Spouse (indicate only if applicable)	:
6.	Date of Birth of Spouse DD/MM/YY	:
7.	Age of Spouse	: ___years___months___days
8.	Permanent Address	Address for Communication
9.	PIN Code	PIN Code
10.	Phone Nos. (Land Line) with STD Code	Mob:
11.	E-mail id	:
Bank Details :		
12.	Account No.	:
13.	Name of the Bank & Branch	:
14.	IFSC Code of the Branch	:
Service particulars of the Workman :		
15.	Date of Joining HAL	:
16.	Date of Retirement from HAL	:
17.	Total years of Service in HAL	: Years: _____ Months: _____
18.	If total service in HAL is less than 15 years, indicate service in other CPSEs, if applicable	: Name of the CPSE : Total years of Service : (Proof indicating period of service to be enclosed)
19.	Retirement Mode (Strike off which ever is not applicable)	: Superannuation/ Optional Retirement/ Terminated on account of continued ill-health/Resignation/ Dismissal from Service/ Death (in case of spouse of deceased Workman)/ Other
	Indicate the reason if 'Other'	:

20.	Designation and Scale at the time of leaving HAL	:	Designation:		
			Scale :		
21.	Division/ Office & Dept. in which last worked	:	Division/Office:		
			Dept.:		
Service particulars of Spouse:					
22.	Organisation in which spouse is employed	:			
23.	Whether the retired Workman is covered under the Medical Benefit Scheme, if any, applicable to his/ her spouse or children from his/ her Company	:	Yes/ No <i>(Strike off whichever is not applicable)</i>	24.	If yes, monetary Ceiling for the same
Payment of one-time Registration Fee :					
25.	DD No. :		26.	Date :	
27.	Name of the Bank :				

(Signature of the retired Workman with Name & Date)

(Signature of the Spouse with Name & Date)

List of Supporting Documents in respect of the particulars indicated in Appendix-B*

Copies of Documents, duly attested by a Gazetted Officer, as indicated below, are required to be enclosed with the enrolment request, to prove identity:

Sl. No	Criteria	Copies of Certificate required	Indicate Certificate(s) produced by the retired Workman
1	Proof of Name, Address, Date of Birth & Photograph	i) <u>Retired Workman</u> : Copy of Voter ID Card/ Ration Card/ Driving License/ Passport/ Aadhar Card or any other Photo ID Card (issued by Govt. or Govt. Agencies) indicating Name, Address, Date of Birth & Photograph. ii) <u>Spouses</u> : Photo ID Card indicating Name, Address, Date of Birth, Photograph, Name of Spouse and relationship with the retired Workman. If the relationship is not mentioned in the ID Card, a Relationship Certificate from Panchayat/ Municipal/ Corporation Authorities is also to be enclosed.	
2	Service Particulars in HAL§	i) Any Certificate(s)/ Letter(s) issued by HAL indicating Date of Joining, Date of Relieving, Mode of Relieving etc., Relieving letter & Service Certificate can be submitted for this purpose. ii) In respect of those retired Workmen with less than 15 years of service in HAL, experience certificate from other CPSEs, if applicable to be produced. The total service in continuity in CPSEs should be 15 years or more in respect of Workmen retired on or after 1.1.07. iii) Widows of retired Workmen also need to submit the requisite documents at Sl. No. 2 (i) & (ii) as applicable. iv) Widows of retired Workmen who died while in Service need to submit any document issued by the Company in this regard v) Document(s) in respect of Service in CPSE(s) before joining HAL, indicating the period of Service (necessary only if period of Service in HAL is less than 15 years)	

*** Not required to be submitted in respect of Workmen retiring, etc after January 2015.**

§ Minimum of 15 years service in continuity in CPSEs is mandatory for enrollment in respect of **Workmen retired on or after 1.1.07**, except in cases of death and termination on the grounds of continued ill-health.

For any further queries in this regard, you may contact the respective Division/ Office from where you have superannuated

(Signature of the retired Workman with Name & Date)

IDENTITY CERTIFICATE *

(Certificate to be signed by any one of the following)

- i) Any Serving Officer of HAL
- ii) Gazetted Officer of the Central or State Government;
- iii) Member of Parliament or State Legislature belonging to the Constituency where the Retired Workman and spouse are ordinarily residents;
- iv) Sub Divisional Magistrate;
- v) Thasildar or Naib / Deputy Thasildar authorised to exercise Magisterial powers;
- vi) Block Development Officer;
- vii) Post Master;
- viii) Panchayat Inspector.

Certified that I know Shri / Smt /Ms (retired Workman) _____
_____ and Shri / Smt / (Spouse) _____
_____ residing at (Permanent Address to be indicated) _____

for the last _____ years _____ months and that to the best of my knowledge and belief, the particulars furnished by him/ her at Appendix-B are correct.

Signature

Name :
Designation :
or Status and
Address

Place : Official Seal :

Date :

*** Not required to be submitted by Workmen retiring, etc after January 2015.**