

BHARAT COKING COAL LIMITED

(A Subsidiary of Coal India Limited)

PART—I

PROFORMA—II

Application for retirement and employment of dependant in lieu thereof in terms of para 10.4.3. of NCWA-III in Quadruplicate

Particulars of Employee Suffering From

- a Name (in block letters)
- b Designation
- c Place of posting.
- d Date of initial appointment.
- e Date of birth age.
- f Date of retirement-superannuation.
- g CMPF No.
- h Date of medical examination by the medical board which declared the permanent employee disabled and unfit for employment to be supported by photostat copy of report of medical board.
- i Address Temporary Vill P.O.
Dist. Pin code P.S.
Permanent Vill. P.O.
Dist. pin code P.S.
- j Details of Family Members.

Sl. No.	Name	Age	Relationship	Marital status	Qualification	Whether employed

(Details mentioned at para 10.4.3. of NCWA-III)

PARA—II

Particulars of Dependant for whom Employment is being asked

- a Name in full.
- b Father's/Husband's name
- c Relationship with the applicant
- d Date of birth/age
- e Qualification

(In case of matriculation and above photostat copy of original certificate must be enclosed)

Contd-2

- f Experience, if any.
(Attested photostate copy of experience certificate must be enclosed)
- g Mark of identification.

Declaration By The Applicant

1. I hereby give declaration that the information given from S. No. a to g are true.
2. I further confirm that I am suffering from which may be examined by the management in any way, to satisfy the genuinity of my sickness.
3. I certify that Sri..... dependant is my (indicate relationship) when I offer employment in lieu of my voluntary retirement, in terms of para 10. 4. 3. of NCWA-II
4. I give declaration on account of my ill health and the disease from which I am suffering I am not in a position to continue and hence propose retiring from service on my own and in terms of para 10. 4. 3. of NCWA-II

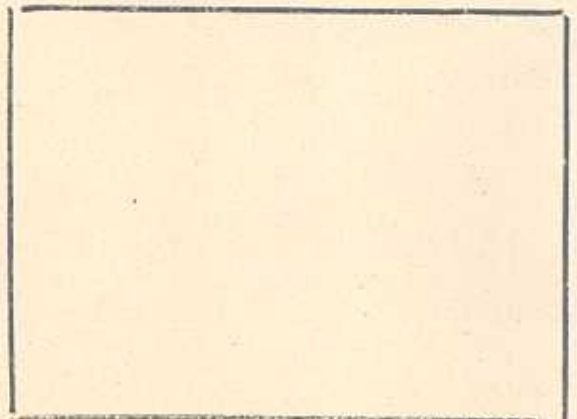
Signature LTI of the applicant
Date

Signature made in my presence on..... (Date)

PO/LWO/AO Manager

Date Seal

5. Particulars of employment/age etc. verified from records and are found correct. Attested photograph is affixed below.



P. O./L. W. O./A. O./Manager

Date Seal

Forwarded to the Project Officer
for consideration.

LWO/PO/AO/Manager

Project Officer

Date

Seal

Departmental Head

I am forwarding the case together with preliminary medical examination report by

Dr _____ Designation _____ Unit _____ for
consideration in terms of para 10. 4. 3. of NCWA—II

Agent/Manager/Project Manager/HOD

Date

Seal

General Manager

On being prima facie satisfied about prolonged sickness, I am forwarding this application in duplicate in terms of para 10. 4. 3. of NCW—II for consideration on merit to Director (pers) through C. M. O.

Personnel Manager

General Manager

Date

Seal

Date

Seal

Director Pers :

N. B. : Certificate/Affidavits to be enclosed with the proposal

- a In case of proposal of the female dependant affidavit sworn in by the widow of the disabled employee declaring that she has no adult son must be obtained and enclosed.
- b In case of proposal of employment of the indirect candidate dependant namely younger brother /widowed daughter/widow daughter-in-law or son-in law affidavit sworn in by the widow of the disabled employee and she/he was almost wholly dependant on the earning of the disabled employee must be obtained and enclosed with the proposal