

**ENROLMENT FORM**

Date :

The P&A Head,  
Bharat Dynamics Limited,  
\_\_\_\_\_ Division / Office,  
\_\_\_\_\_.

Dear Sir,

**Sub : Enrolment to become a member of the “BDL Post Superannuation Medical Benefit Scheme for Employees (Executives and Non-Executives) retired before 01.01.2007”.**

**Ref: Annexure-I to P.C. No. \_\_\_\_\_ dated \_\_\_\_\_.**

I request you to enroll me and my spouse (strike off the words not applicable) to become member(s) of the “BDL Post Superannuation Medical Benefit Scheme for Employees (Executives and Non-Executives) retired before 01.01.2007”. My / our (strike off the words not applicable) particulars are indicated in Appendices-A1 and A2 to this letter. I am enclosing copies of the following Certificates (indicate below):

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

2. Further, Challan dated \_\_\_\_\_ towards the one-time Registration Fee of Rs. 100/- / Rs. 200/- (strike off which 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 employee & 1 passport size & 1 stamp size photos of the Spouse (total 4 photos)].

Thanking you,

**Yours truly,**

(Signature)

**Place:**  
**Date:**

**Name:**  
**Address:**

**APPENDIX-A1**

**PARTICULARS TO BE FURNISHED BY RETIRED EMPLOYEES FOR ENROLMENT INTO THE  
BDL POST SUPERANNUATION MEDICAL BENEFIT SCHEME FOR EMPLOYEES RETIRED  
BEFORE 01 JAN 2007.**

Enrolment of (Select one):

Retired Employee & Spouse   
Retired Employee alone   
Widow / Widower of retired employee

Affix a recent passport size photograph of the Rtd. Employee here, and get it attested by a Gazetted Officer or any Officer of BDL with Name & Seal.

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

Sl No	Particulars (to be filled in by the beneficiary)			
<b>Personal Details :</b>				
1	Name of the Retired Employee (in Block Letters) :			
2	Ex-Staff No. (at the time of superannuation) :			
3	Date of Birth (DD/MM/YY) :	4	Age :	_____ Years _____ Months _____
5	Name of the Spouse (if applicable) :			
6	Date of Birth (DD/MM/YY) :	7	Age of Spouse :	_____ Years _____ Months _____
8	Permanent Address :	Address for Communication		
9	PIN Code :	PIN Code :		
10	Phone No. (Land Line with STD Code):	Mobile No. :		
11	E-mail-id :			
<b>Bank Details :</b>				
12	Account No. :			
13	Name of the Bank & Branch :			
14	IFSC Code of the Branch :			

(Contd...2)

<b>Service particulars of the Employee :</b>			
15	Date of Joining BDL :	16	Date of Retirement from BDL :
17	Total years of service in BDL :	Years	Months
18	Retirement Mode (Strike off whichever is not applicable)	Superannuation / Voluntary Retirement / Terminated on account of Continued ill-health / Death (in case of spouse of deceased employee) / Other.	
	Indicate the reason if "Other"		
19	Designation and Grade / Scale at the time of Leaving BDL	Designation :	
		Grade / Scale :	
20	Division / Office & Dept. in which last worked :	Division / Office :	
		Dept. :	
<b>Service particulars of Spouse/Children:</b>			
21	Organisation in which spouse/children is employed :		
22	Whether the Ex-employee is covered under the Medical Benefit Scheme, if any, applicable to his / her spouse or children from his/ her Company :	Yes / No (Strike off whichever is not applicable)	If yes, Monetary ceiling for the same
<b>Payment of Registration Fee :</b>			
24	Challan / DD No. :	Bank:	25 Date :

Declaration : I declare that the given details are true and correct to the best of my knowledge. In case if any of the above details are found to be false, the Management is at liberty to take any action against me.

(Signature of the Ex-employee with Name & Date)

(Signature of the Spouse with Name & Date)

**List of Supporting Documents in respect of the particulars indicated in Appendix-A1**

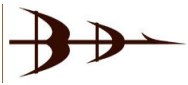
Self attested copies of Documents as indicated below, are required to be enclosed with the enrolment form:

<b>Sl.No</b>	<b>Criteria</b>	<b>Copies of Certificate required</b>	<b>Indicate Certificate(s) produced by the Ex-Employee</b>
1	Proof of Name, Address, Date of Birth & Photograph	<p><b><u>1) Retired Employee:</u></b> 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 &amp; Photograph.</p> <p><b><u>2) Spouses:</u></b> Photo ID Card indicating Name, Address, Date of Birth, Photograph, Name of Spouse and relationship with the retired Executive. If the relationship is not mentioned in the ID Card, a Relation Certificate from Panchayat / Municipal / Corporation Authorities is also to be enclosed.</p>	
2	Service particulars in BDL	<p>i) Any Certificate(s) / Letter(s) issued by BDL indicating Date of Joining, Date of relieving, Mode of Relieving etc., Offer of Appointment, Relieving letter, Service Certificate or any letter containing such data can be submitted for this purpose.</p> <p>-----</p> <p>ii) Copy of BDL Medical ID Card for retired employees (REMI members).</p> <p>-----</p> <p>iii) Copy of BDL Retired employees ID card.</p> <p>-----</p> <p>iv) Widows of Ex-employees also need to submit the requisite documents at Sl No. 2 (i) &amp; (ii) as applicable.</p> <p>-----</p> <p>v) Widows of employees who died while in service need to submit any document issued by the Company in this regard.</p>	


**For any further queries in this regard, you may contact the respective Welfare Department / P&A from where you have superannuated.**

(Signature of the Ex-employee with Name & Date)

**BANK COPY**



**CASH ONLY**



Andhra Bank  
Challan for remittance of registration fee  
for BDL POST SUPERANNUATION MEDICAL BENEFIT  
(PSMB-I)SCHEME  
Kanchanbagh, Hyderabad – 500 058

**Account No: 104510100110915**  
**Andhra Bank, BDL Campus**

Ex. Emp. Name Mr./Ms _____
Ex. Staff No. _____

Registration fee particulars:  
(for Single member Rs. 100/-, for Both Rs. 200/-)

Amount in Rs. \_\_\_\_\_, Date of deposit: \_\_\_\_\_


Transaction No.: \_\_\_\_\_

Rs. 100x	
Rs. 50x	
Rs. 20x	
Rs. 10x	
<b>TOTAL</b>	


(Rupees \_\_\_\_\_ Only)

Remitted by \_\_\_\_\_ Signature of the authorized official with Branch Seal

**TRUST COPY**



**CASH ONLY**



Andhra Bank  
Challan for remittance of registration fee  
for BDL POST SUPERANNUATION MEDICAL BENEFIT  
(PSMB-I)SCHEME  
Kanchanbagh, Hyderabad – 500 058

**Account No: 104510100110915**  
**Andhra Bank, BDL Campus**

Ex. Emp. Name Mr./Ms _____
Ex. Staff No. _____

Registration fee particulars:  
(for Single member Rs. 100/-, for Both Rs. 200/-)

Amount in Rs. \_\_\_\_\_, Date of deposit: \_\_\_\_\_


Transaction No.: \_\_\_\_\_

Rs. 100x	
Rs. 50x	
Rs. 20x	
Rs. 10x	
<b>TOTAL</b>	


(Rupees \_\_\_\_\_ Only)

Remitted by \_\_\_\_\_ Signature of the authorized official with Branch Seal

**APPLICANT COPY**



**CASH ONLY**



Andhra Bank  
Challan for remittance of registration fee  
for BDL POST SUPERANNUATION MEDICAL BENEFIT  
(PSMB-I)SCHEME  
Kanchanbagh, Hyderabad – 500 058

**Account No: 104510100110915**  
**Andhra Bank, BDL Campus**

Ex. Emp. Name Mr./Ms _____
Ex. Staff No. _____

Registration fee particulars:  
(for Single member Rs. 100/-, for Both Rs. 200/-)

Amount in Rs. \_\_\_\_\_, Date of deposit: \_\_\_\_\_


Transaction No.: \_\_\_\_\_

Rs. 100x	
Rs. 50x	
Rs. 20x	
Rs. 10x	
<b>TOTAL</b>	


(Rupees \_\_\_\_\_ Only)

Remitted by \_\_\_\_\_ Signature of the authorized official with Branch Seal

**P&A COPY**



**CASH ONLY**



Andhra Bank  
Challan for remittance of registration fee  
for BDL POST SUPERANNUATION MEDICAL BENEFIT  
(PSMB-I)SCHEME  
Kanchanbagh, Hyderabad – 500 058

**Account No: 104510100110915**  
**Andhra Bank, BDL Campus**

**(ENTER AT PARTICULARS COLUMN)**

Ex. Emp. Name Mr./Ms _____
Ex. Staff No. _____

Registration fee particulars:  
(for Single member Rs. 100/-, for Both Rs. 200/-)

Amount in Rs. \_\_\_\_\_, Date of deposit: \_\_\_\_\_

Transaction No.: \_\_\_\_\_

Rs. 100x	
Rs. 50x	
Rs. 20x	
Rs. 10x	
<b>TOTAL</b>	

(Rupees \_\_\_\_\_ Only)

Remitted by \_\_\_\_\_ Signature of the authorized official with Branch Seal