

## FORM M (GMIP)

PPO No: \_\_\_\_\_ (To be filled by the Pension Section)

Employee ID: \_\_\_\_\_ (In case the PPO No. is not available)

To,

\_\_\_\_\_ (Pension Sanctioning Authority)

Name of Project/Plant/ Establishment:

Damodar Valley Corporation

Sub: Data for enrolment in the Group Mediclaim Insurance Policy

Dear Sir/Madam,

With reference to the Corporation Office Memorandum No: HQ/ C & M/ Health/ Insurance/21 dated 06.01.2014 I hereby furnish the following details:

1. a) Name of the Project from where I am superannuating:

b) Bank details: Bank Name:

Branch:

Account Number:

IFSC Code:

2. Category: Executive

Non Executive

3. Complete Permanent Address - House/Flat/Plot No:

Road/Street/Locality:

Area/Locality/Village/Mouza/Landmark:

City/Town/District:

Name of Post Office:

Name of Police Station:

Pin Code:

4. Details of Self and spouse /family pensioner:

Category	Name	Date of Birth (DD/MM/YYYY)	Gender Male- M Female- F	Age completed as on date of retirement	Landline/Mobile number/E mail i.d
Self					
Spouse/ Family Pensioner					

\_\_\_\_\_  
Signature with date of the Superannuating Person/Family Pensioner

Copy to:

1. The Senior Manager (IR), HR Department, DVC Towers, DVC Kolkata