



**The West Bengal Power Development Corporation Limited
(A Government of West Bengal Enterprise)**



WBPDC MEDICAL SCHEME FOR THE RETIRED EMPLOYEES 2018

ANNEXURE A1

(to be submitted by the employees covered under CPF)

**NAME OF THE RETIRED EMPLOYEE/
WIDOW/ WIDOWER
(IN BLOCK LETTERS)**

Shri/ Smt. _____

Ex EMP NO. _____

**PROPOSAL FORM
SUBMITTED AT:** _____

CORRESPONDENCE ADDRESS WITH PIN NO: _____

MOBILE NO: 1. _____ **2.** _____

E MAIL ID: _____

PAYMENT DETAILS

A. SUBMISSION IN LUMP SUM AMOUNT

Amount Submitted	Money Receipt No. with date	Place of Submission

B. SUBMISSION IN EMI

Sl No	Amount Submitted	Money Receipt No. with date	Place of Submission
1st EMI			
2nd EMI			
3rd EMI			

**SIGNATURE OF THE RETIRED EMPLOYEE/
WIDOW/ WIDOWER**

**NAME OF THE RETIRED EMPLOYEE/ WIDOW/
WIDOWER (IN BLOCK LETTERS)**

Ex EMP No. _____