



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

PROPOSAL FORM/ CONSENT FORM

WBPDC MEDICAL SCHEME FOR THE RETIRED EMPLOYEES 2018
(Applicable for the retired employees as on 30.06.2018)

NAME OF THE RETIRED EMPLOYEE/ WIDOW/ WIDOWER Shri/ Smt. _____
(IN BLOCK LETTERS)

PPO No./ FAMILY PENSION NO./ Ex EMP NO. _____ **DOB:** _____ **COVERED UNDER** GPF/ CPF

CORRESPONDENCE ADDRESS WITH PIN NO: _____

MOBILE NO: 1. _____ 2. _____

E MAIL ID: _____

DEPENDENT SPOUSE DETAILS

SL NO	NAME	AGE	RELATIONSHIP	DATE OF BIRTH
01.				

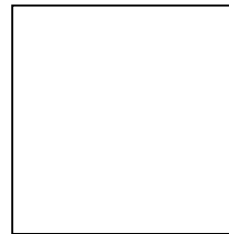
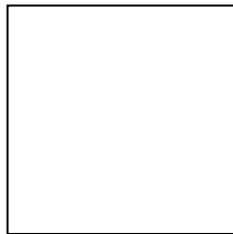


PHOTO OF RETIRED EMPLOYEE/ WIDOW/ WIDOWER

PHOTO OF DEPENDENT SPOUSE

(NOTE: SUBMIT ONE EXTRA COPY FOR IDENTITY CARD ISSUANCE)

BANK DETAILS

NAME IN THE BANK ACCOUNT:			
NAME OF THE BANK:		BRANCH:	
ACCOUNT NUMBER:		IFSC CODE:	

01. I do hereby authorize WBPDC to deduct the amount of medical relief from the pension payable to me commencing from the month following acceptance of my proposal by the WBPDC. Understood that for retired employees enrolled under CPF, cash deposit/ deposition of demand draft of contribution amount is to be made at either of the Cash Section at KTPS, BTPS, BkTPP, STPS, SgTPP, Corporate Office, WBPDC. Demand Draft in drawn in favour of "THE WEST BENGAL POWER DEVELOPMENT CORPORATION LIMITED" payable at Kolkata.
02. I hereby confirm that the claim settled by WBPDC or its service provider as applicable shall be deemed final and do hereby undertake that I shall not hold WBPDC liable for reimbursement of short settlement, if any, as per the rules and regulations of the scheme.
03. I do confirm that the information furnished and the photographs attached above are true to the best of my knowledge and belief.

SIGNATURE OF THE RETIRED EMPLOYEE/ WIDOW/ WIDOWER _____

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

PPO No./ FAMILY PENSION No./ Ex EMP No. _____

MONEY RECEIPT NO. & DATE/ DEMAND DRAFT DETAILS

(For CPF members) _____