



WBPDCCL

# THE WEST BENGAL POWER DEVELOPMENT CORPORATION LIMITED

(A Government of West Bengal Enterprise)

Corporate Identity No. : U40104WB1985SGC039154

: Registered & Corporate Office :

'Bidyut Unnayan Bhaban', Plot No. 3/C, LA-Block, Sector-III, Bidhannagar, Kolkata - 700 098

• Phone : (033) 2335-0571/2339-3100 • Fax : (033) 2339-3186/2339-3286/2339-3197

• Website : www.wbpdcl.co.in

## CIRCULAR

*Dated: 26 - 07 - 2018*

In continuation to circular issued vide Memo No.: COHRA05010006/2960 dtd: 19.07.2018, relating to the WBPDCCL Medical Scheme for the Retired Employees 2018 necessary clarifications of the queries raised are put forward herein:

■ Retired employees covered under CPF shall be required to submit contribution amount in excess of Rs. 10,000/- through Demand Draft only in favor of "THE WEST BENGAL POWER DEVELOPMENT CORPORATION LIMITED" payable at Kolkata). The contribution can be paid at BTPS / KTPS / STPS / BkTPS / SgTTP / Corporate Office, Cash Section (working days only).

■ Annexure A/ A1 is revised and henceforth the revised format shall be applicable for submission. The following changes have been incorporated.

→ *In Annexure A:* Designation at the time of retirement is to be provided.

→ *In Annexure A1:* Date of Birth, Age, PAN card number and details of Demand Draft is to be provided.

■ The scheme is applicable for retired employees alongwith their spouse or widow/ widower as the case may be. Spouse of employee who had died-in-harness, retired on low medical category conditions or opted for VRS are also included.

■ Contribution amount payable by the beneficiaries covered under CPF as per respective slab shall be the total contribution for membership under the scheme, and not annual in nature. This summative contribution/ contribution amount may be revised as and when decided by WBPDCCL and shall be payable separately. The lump sum contribution or at-least the 1<sup>st</sup> installment due as per respective slab should be paid by 31<sup>st</sup> July, 2018

■ The date of reference for calculation of age vis-à-vis contribution amount for CPF beneficiaries (Ref: Annexure A1) shall be as on 1<sup>st</sup> July, 2018. Contribution amount for CPF beneficiaries have been calculated on-year-on-year basis, i.e fraction of months/ days to be ignored, (Example: Age 64 years 9 months shall not be rounded off to 65, i.e . they will fall in the age band of 60-64 years).

Bandel Thermal Power Station  
GM-(033) 2684 6369  
E-mail : gmbtpps@wbpdcl.co.in  
FAX : 2684 6151

Santalidih Thermal Power Station  
GM-(03251) 260 227/250/341  
E-mail : gmstps@wbpdcl.co.in  
FAX : 260 217, PBX : 260 197

Kolaghat Thermal Power Station  
GM-(03228) 231 110  
E-mail : gmktpps@wbpdcl.co.in  
FAX : 231 280

Bakreswar Thermal Power Station  
GM-(03462) 220 201  
E-mail : gmbktpp@wbpdcl.co.in  
FAX : 220 214, 220 346

Sagardighi Thermal Power Project  
GM-(03483) 237 099, E-mail : gmsgtpp@wbpdcl.co.in

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# The West Bengal Power Development Corporation Limited

■ Employees retiring w.e.f 01.07.2018 being automatically included within the "WBPDC MEDICAL SCHEME FOR THE RETIRED EMPLOYEES, 2018" shall be required to submit the Proposal Form (Annexure A) at either BTPS / KTPS / STPS / BkTPS / SgTPP / Corporate Office, HR&A Dept (working days only).

Contribution amount for GPF/ CPF beneficiaries shall be realized at the time of retirement. Non-willing employees shall be required to submit the Opt-out Form.

■ When both husband and wife were retired employees of WBPDC, both have to submit the proposal forms separately and contribution amount shall be realized accordingly.

*S.S. Sengupta* 26/7/2018

(S.S Sengupta)  
Director (HR)

Copy forwarded for kind information to:

Ref. No.: COHRA05010006/3052 (1 - 52)

Date: 26 - 07 - 2018

01. The Chairman & Managing Director, WBPDC
02. The Director (RA & Company Secretary)/ (F&A)/ (Mining)/(Projects)/(O&M), WBPDC
03. The Chief Vigilance Officer & Ex-Officio Director, WBPDC
04. The Executive Director (OS)/ (FM)/ (F&A), WBPDC
05. The Advisor (Medical)/ (Mining)/(Environment)/ (MMC), WBPDC
06. The General Manager KTPS/ BTPS/ BkTPS/ STPS/ SgTPP, WBPDC
07. The General Manager (F&A)/ (OS)/ (Civil)/(R&M)/ (FM)/ (Project), Corporate Office, WBPDC.
08. The General Manager (IT), Corporate Office, WBPDC - for perusal and internet & intranet publication
09. Shri P S Chatterjee General Manager(HR&A), Corporate Office, WBPDC
10. Shri B P Guha General Manager (HR&A), Corporate Office, WBPDC
11. The Dy. General Manager (M&C)-Incharge, Corporate Office, WBPDC
12. The Dy. General Manager (F&A), Corporate / KTPS/ BTPS/ BkTPS/ STPS/ SgTPP, WBPDC
13. The Dy. General Manager (HR&A), STPS, WBPDC
14. The Sr. Manager (HR&A)(O), BkTPS/ KTPS/ SgTPP, WBPDC
15. The Medical Superintendent KTPS/ BTPS/ BkTPS/ STPS/ SgTPP, WBPDC
16. The Member Secretary PFTB, Corporate Office, WBPDC
17. The Sr. Manager (MIS)/Asst. Manager (PS), WBPDC at WBSEDCL, Guest House, New Delhi.
18. The Manager (HR&A), BTPS, WBPDC.
19. Notice Board - KTPS/ BTPS/ BkTPS/ STPS/ SgTPP, Corporate Office, WBPDC

*S.S. Sengupta* 26/7/2018

Director (HR)





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 LETTER)

Shri/ Smt. \_\_\_\_\_

Ex EMP NO. \_\_\_\_\_

PROPOSAL FORM  
SUBMITTED AT: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE: \_\_\_\_\_ Years \_\_\_\_\_ Month(s)

CORRESPONDENCE ADDRESS WITH PIN NO: \_\_\_\_\_

MOBILE NO: 1. \_\_\_\_\_ 2. \_\_\_\_\_

E MAIL ID: \_\_\_\_\_

PAN NO.: \_\_\_\_\_

**PAYMENT DETAILS**

**A. SUBMISSION IN LUMP SUM-AMOUNT**

| Amount Submitted | Demand Draft No. with Date/ Bank Name | Money Receipt No. with date | Place of Submission |
|------------------|---------------------------------------|-----------------------------|---------------------|
|                  |                                       |                             |                     |

**B. SUBMISSION IN EMI**

| Sl No               | Amount Submitted | Demand Draft No. with Date/ Bank Name | Money Receipt No. with date | Place of Submission |
|---------------------|------------------|---------------------------------------|-----------------------------|---------------------|
| 1 <sup>st</sup> EMI |                  |                                       |                             |                     |
| 2 <sup>nd</sup> EMI |                  |                                       |                             |                     |
| 3 <sup>rd</sup> EMI |                  |                                       |                             |                     |

SIGNATURE OF THE RETIRED EMPLOYEE/

WIDOW/ WIDOWER

NAME OF THE RETIRED EMPLOYEE/ WIDOW/

WIDOWER (IN BLOCK LETTERS)

Ex EMP No. \_\_\_\_\_



**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  
(IN BLOCK LETTERS) Shri/ Smt. \_\_\_\_\_

PPO No./ FAMILY PENSION NO./  
Ex EMP NO. \_\_\_\_\_ DOB: \_\_\_\_\_ COVERED UNDER GPF/ CPF \_\_\_\_\_

DESIGNATION AT THE TIME OF  
RETIREMENT \_\_\_\_\_

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: |  |

- 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.
- 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.
- 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) \_\_\_\_\_