

**CONSENT LETTER**

To  
AGM(Per)-Welfare  
Personnel Department  
Room No.231, 'B' – Block  
Main Admn.Building  
Visakhapatnam Steel Plant  
VISAKHAPATNAM – 530031

Sir,

a) I am separating/have separated from the Company (one account of Superannuation/Voluntary Retirement/Permanent total disablement) on \_\_\_\_\_;  
(OR)

I am the spouse of the deceased employee \_\_\_\_\_  
E.No. \_\_\_\_\_ Dept. \_\_\_\_\_ who has expired on \_\_\_\_\_

b) I would like to join the Group Medclaim Insurance Scheme of RINL/VSP w.e.f \_\_\_\_\_  
Enclosed is the Demand Draft for ₹2600/- for self and spouse (OR) ₹1300/- for self only, drawn in favour of Rashtriya Ispat Nigam Limited/Visakhapatnam as enrolment fee for coverage towards the Medclaim Insurance Policy. I submit herewith the duly filled in Proposal Form of Medclaim Insurance Policy. I am also submitting two copies each the coloured passport size photographs (recently taken) in respect of self and spouse.

I am furnishing my mailing address as under:

<b><u>Present Address</u></b>	<b><u>Permanent Address</u></b>
(PIN) _____	(PIN) _____

Landline Ph No. \_\_\_\_\_  
Cell No. \_\_\_\_\_

Landline \_\_\_\_\_  
Cell No. \_\_\_\_\_

DD No. & Date: \_\_\_\_\_  
Name of the Bank: \_\_\_\_\_  
Place \_\_\_\_\_

Amount in Rs. \_\_\_\_\_  
Branch: \_\_\_\_\_

Yours faithfully,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Design: \_\_\_\_\_ E.No. \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

\*Strike of whichever is not applicable

<p>NOTE: Employees are requested to submit the filled-in proposal forms for enrolment under Group Medclaim Insurance Scheme of the Company by 15<sup>th</sup> day of the month of superannuation so as to ensure coverage from the 1<sup>st</sup> day of the subsequent month. In case the employee fails to submit the application by 15<sup>th</sup> day of the month, the application will be considered along with other application in the next month.</p>
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**RASHTRIYA ISPAT NIGAM LIMITED  
VISAKHAPATNAM STEEL PLANT  
VISAKHAPATNAM**



**APPLICATION FORM OF ENROLLMENT FOR RINL GROUP MEDICLAIM INSURANCE SCHEME**

Policy Type		<b>RINL -Group Mediclaim Insurance Scheme</b>										
Name of the Member												
Name of the Ex-employee						Emp.No						
Designation		Department			Grade		Executive		Non-Exe			
DOJ VSP		<b>DD</b>	<b>MM</b>	<b>YYYY</b>		DOS from VSP		<b>DD</b>	<b>MM</b>	<b>YYYY</b>		
The Member w.e.f						End of the Policy Period						
Type of Separation		Superannuation			VRS		Medical Unfit		Death			
Please tick the Mark												
<b>SELF(Employee)</b>				<b>SPOUSE</b>				<b>PHC Children</b>				
Photo is affixed				Photo is affixed				Photo is affixed				
Attested by concerned Zonal HR Executive				Attested by concerned Zonal HR Executive				Attested by concerned Zonal HR Executive				
<b>D.O.B.</b>		<b>DD</b>	<b>MM</b>	<b>YYYY</b>		<b>DD</b>	<b>MM</b>	<b>YYYY</b>		<b>DD</b>	<b>MM</b>	<b>YYYY</b>
Cell No						Land Line Phone No.						
E-Mail ID												
Address		1. Door No-			2. Street							
		3. Mandal			4. Post Office							
		5. District			6. State							
		7. Pin Code										
Declaration		I hereby declare that the information stated above is true										
<b>Date</b>		<b>DD</b>	<b>MM</b>	<b>YYYY</b>		Signature of the Ex-employee / Member						
<i>For use by HUMAN RESOURCES Department</i>												
Certified that all columns above are correct / corrected as employee's personnel record												
Signature of Concerned Zonal HR Executive With Stamp												
Note	Application along with Declaration form submitted to Manager (HR), Room No-230, Welfare Section, Human Resources Dept,											