

**कोचीन शिपयार्ड लिमिटेड / COCHIN SHIPYARD LIMITED**  
**कोच्ची / KOCHI - 15**

सं/No.PERL/17(28)/2014 Pt

तिथि/Date: 14 July 2022

**वर्ष 2022-23 के लिए सेवानिवृत्त कर्मचारियों के लिए ग्रुप मेडिकलेम पॉलिसी**  
**सीएसएल चिकित्सा केंद्र से दवा वितरण**  
**GROUP MEDICLAIM POLICY FOR RETIRED EMPLOYEES FOR THE YEAR 2022-23**  
**DISPENSING MEDICINES FROM CSL MEDICAL CENTRE**

1. कृपया वर्ष 2022-23 के लिए सेवानिवृत्त कर्मचारियों के लिए ग्रुप मेडिकलेम पॉलिसी के संबंध में परिपत्र संख्या पीईआरएल/17(28)/2014 भाग दि. 20 मई 2022 का संदर्भ लें, जिसमें यह कहा गया है कि, 'जो दवाएं सेवानिवृत्त कर्मचारी या उनके पात्र आश्रितों द्वारा लगातार ली रही हैं, उन्हें सीएसएल चिकित्सा केंद्र से वितरित किया जाएगा'।

Please refer Circular No.PERL/17(28)/2014 Pt dated 20 May 2022 with regard to Group Mediclaim Policy for Retired Employees for the year 2022-23 wherein it has been stated that, "those medicines which are being taken continuously by retired employee or his/her eligible dependents shall be dispensed from CSL Medical Centre".

2. वे सेवानिवृत्त कर्मचारी जो उपरोक्त सुविधा का लाभ उठाना चाहते हैं, उन्हें सीएसएल चिकित्सा केंद्र से ऐसी दवाओं के वितरण के लिए अनुबंध- I के अनुसार विधिवत् भरा हुआ आवेदन प्रपत्र, साथ ही अनुबंध- II के अनुसार इलाज करनेवाले डॉक्टर से प्रमाण पत्र प्रस्तुत करना होगा।

Those retired employees who wish to avail the above facility shall submit the duly filled-in application form as per Annexure-I along with certificate from the treating doctor as per Annexure-II for dispensing such medicines from CSL Medical Centre.

3. सेवानिवृत्त कर्मचारी जो फिलहाल सीएसएल चिकित्सा केंद्र से दवाएं ले रहे हैं, उन्हें प्रपत्र प्रस्तुत करने की ज़रूरत नहीं है, जब तक दवाओं में बदलाव न हो।

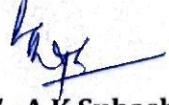
**The retired employees who are presently availing medicines from CSL Medical Centre need not submit the form, unless there is change in medicines.**

4. सभी सेवानिवृत्त कर्मचारियों जो सेवानिवृत्ति चिकित्सा सहायता योजना के अंतर्गत आते हैं, उनसे अनुरोध है कि वे अनुबंध-I के अनुसार भरा हुआ आवेदन प्रपत्र को अनुबंध- II में दिए प्रारूप के अनुसार इलाज करनेवाले डॉक्टर द्वारा जारी सहायक दस्तावेज़ के साथ दिनांक 30 जुलाई 2022 तक मुख्य चिकित्सा अधिकारी, सीएसएल चिकित्सा केंद्र, कोचीन शिपयार्ड लिमिटेड, पेरुमानूर पी ओ, कोच्ची - 682015 को या ई-मेल [csl.medicalcentre@cochinshipyard.in](mailto:csl.medicalcentre@cochinshipyard.in) द्वारा प्रस्तुत करें।

All retired employees who are covered under the Post Retirement Medical Assistance Scheme are requested to submit the filled-in application form as per Annexure-I along with supporting document issued by the treating doctor as per the format given in Annexure-II, latest by 30<sup>th</sup> July 2022



to The Chief Medical Officer, CSL Medical Centre, Cochin Shipyard Ltd.,  
Perumanoor PO, Kochi - 682015 OR by Email to  
[csl.medicalcentre@cochinshipyard.in](mailto:csl.medicalcentre@cochinshipyard.in)



(ए के सुबाष / A K Subash)

महाप्रबंधक (मा.सं.) / General Manager (HR)

सेवा में / To :

सभी सेवानिवृत्त कर्मचारी / All Retired Employees

सेवानिवृत्त कर्मचारियों को प्रतिनिधित्व करनेवाले सभी यूनियन और संघ ।  
All Unions and Associations representing Retired Employees

प्रतिलिपि / Copy to:

नि (तक.) / नि (वि.) / D(T) / D(F)

मु.स.अ. / CVO

मु.म.प्र. / म.प्र. / उ.म.प्र. / CGMs / GMs / DGMs

मु.सु.अ. / मु.क.अ. / मु.चि.अ. / CSO / CWO / CMO

महासचिव सीएसईएफ/सीएसईओ/सीएसएसए/सीएसओए  
General Secretary CSEF / CSEO / CSSA / CSOA



**COCHIN SHIPYARD LIMITED  
KOCHI-15**

**REQUIREMENT OF REGULAR MEDICINES FOR  
RETIRED EMPLOYEE & THEIR ELIGIBLE DEPENDENTS**

\*This facility is applicable only for those retirees/eligible dependents covered under Post Retirement Medical Assistance Scheme as per CSL Circular dated 20 May 2022

\*\*Those retired employees who are currently availing medicines from CSL Medical Centre need not fill this form, if there is no change in medicines. Their regular medicines will be dispatched as per the requirement

**1. Retired Employee's Information**

|                          |      |                     |             |
|--------------------------|------|---------------------|-------------|
| Name of the Employee:    |      |                     | Code No:    |
| Date of Birth:           | Age: | Date of Retirement: | Designation |
| Address of the Employee: |      |                     | Phone No.:  |
| E-mail ID:               |      |                     |             |

**2. Details of employee / eligible dependents who require medicines**

| Sl No. | Employee/Dependant name | Date of Birth | Age | Gender | Relationship with the retired employee |
|--------|-------------------------|---------------|-----|--------|--|
| 1.     |                         |               |     |        |  |
| 2.     |                         |               |     |        |  |
| 3.     |                         |               |     |        |  |
| 4.     |                         |               |     |        |  |

**3. Medical details (for long term medicines only)**

| Sl No. | Employee/<br>Dependant name | Name of disease | Name of the<br>treating doctor | Name of the<br>hospital |
|--------|-----------------------------|-----------------|--------------------------------|-------------------------|
| 1.     |                             |                 |                                |                         |
| 2.     |                             |                 |                                |                         |
| 3.     |                             |                 |                                |                         |
| 4.     |                             |                 |                                |                         |

**DECLARATION BY THE RETIRED EMPLOYEE / DEPENDANT**

The information furnished by me is true to the best of my knowledge. The medicines in the prescription are taken by me/my dependant on a regular basis. Please send these medicines to my address.

Signature:

Name:

Date:

Place:

**CERTIFICATE FROM TREATING DOCTOR**

**(For dispensing medicines on long-term basis from Cochin Shipyard Ltd.)**

Name of the Employee.....Code No.....

This is to certify that Mr/Mrs/Ms.....

Age.....years is under my treatment for (name of the disease).....

.....

He/she is taking the following medicines presently on long-term basis:

This certificate is issued to this person to avail these medicines from Cochin Shipyard Ltd., Kochi on a long-term basis.

Date:

Place:

Signature of the doctor

Name & Reg No.

(Seal)

**Note:**

1. **Schedule X** drugs, which are dispensed from medical stores only on prescription of a RMP, will not be dispensed from CSL. These drugs need not be included in the above list.
2. Fresh certificate has to be submitted if there is any change in medicines.
3. Separate certificate to be submitted for each patient (self/dependent)