Annexure-A

Format for Self:

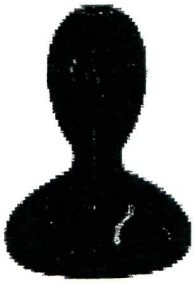
FRONT

INDIAN OIL CORPORATION LIMITED
_____ DIVISION

(EX-EMPLOYEES' CARD UNDER POST RETIREMENT MEDICAL BENEFIT FACILITY)

Sr. No.: _____

Name of Ex-Employee: _____



Emp. No.: _____

Dt. of Birth: _____

Dt. of Sep.: _____

Retired in Grade: _____ _____

Blood Group. _____

Card Holder's Signature

BACK

Mobile No.: _____

Address: _____

_____

Emergency Contact:

Name: _____

Mobile: _____

Dt. of Issue: _____

Valid Up to: _____

Reimbursing Unit: _____

Issuing Authority

If found, please return to:
INDIAN OIL CORPORATION LIMITED
(_____ DIVISION)

"Address of Divisional HO/Issuing Office"

Format for Dependents:

FRONT

INDIAN OIL CORPORATION LIMITED
_____ DIVISION

(EX-EMPLOYEES' DEPENDENT CARD UNDER POST RETIREMENT MEDICAL BENEFIT FACILITY)

Emp. No._____ Sr. No.: _____

Ex-Emp. Name: _____

Dt. of Sep.: _____

Retired in Grade: _____

Dependent's Name: _____

Relation with Ex-Emp: _____

Dt. of Birth: _____

Blood Group: _____

Card Holder's Signature

Ex-Employee's Signature

BACK

Mobile No.: _____

Address: _____

_____

Emergency Contact:

Name: _____

Mobile: _____

Dt. of Issue: _____

Valid Up to: _____

Reimbursing Unit: _____

Issuing Authority

If found, please return to:
INDIAN OIL CORPORATION LIMITED
(_____ DIVISION)

"Address of Divisional HO/Issuing Office"