

**INDIAN OIL CORPORATION LIMITED****FELICITATION OF EMPLOYEES RETIRED FROM IOCL (AGED 70/75/80/85/90/95/100 YEARS)**

1.	Name in Full															
2.	Employee Number															
3.	Grade at the time of retirement															
4.	Office Location/Unit & Division from where retired															
5.	Date of Birth (dd/mm/yy)															
6.	Date of Retirement (dd/mm/yy)															
7.	Mobile No.															
8.	For PRMBF member :-															
	a) PRMBF Card No.															
	b) Date upto which PRMBF Card is valid															
	c) PRMBF Reimbursing Unit															
9.	For Proof of Identity please enclose any one of the listed Government issued valid Photo Identification proof.	<table border="1"><thead><tr><th>List of Documents accepted</th><th>Please tick in the box against the document enclosed</th></tr></thead><tbody><tr><td>Adhaar card</td><td></td></tr><tr><td>Passport</td><td></td></tr><tr><td>Voter Identity card</td><td></td></tr><tr><td>Driving License</td><td></td></tr><tr><td>PAN card</td><td></td></tr><tr><td>Ration Card (with Photo)</td><td></td></tr></tbody></table>	List of Documents accepted	Please tick in the box against the document enclosed	Adhaar card		Passport		Voter Identity card		Driving License		PAN card		Ration Card (with Photo)	
List of Documents accepted	Please tick in the box against the document enclosed															
Adhaar card																
Passport																
Voter Identity card																
Driving License																
PAN card																
Ration Card (with Photo)																

Date

Signature of claimant Ex-employee

-FOR OFFICE USE-

LIFE CERTIFICATE**(TO BE CERTIFIED BY SERVING OFFICER (COMPETENT AUTHORITY) OF THE CORPORATION)**

IT IS CERTIFIED THAT I HAVE SEEN MR./MS. EX-EMPLOYEE OF IOCL, DESIGNATION..... EMPLOYEE NO..... AND HAVE ESTABLISHED* HIS/HER IDENTITY AND THAT HE/SHE IS ALIVE ON THIS DATE.

Place..... Signature of Competent Authority

Date..... Employee No. of Competent Authority

Name/Designation of Competent Authority

Office Address

*Encl.: Government issued valid Photo Identification Proof .

Note: Application form to be e-mailed/uploaded along with enclosures i.e. Government issued Photo Identification Proof) for use of HR Nodal officer at applicable PRMBF Reimbursing Unit (for PRMBF member)/Divisional Coordinator at HO(for non-PRMBF member).

FOR USE OF HR NODAL OFFICER AT APPLICABLE PRMBF REIMBURSING UNIT (FOR PRMBF MEMBER)/DIVISIONAL COORDINATOR AT HO(FOR NON-PRMBF MEMBER)

The above submitted particulars have been verified with the available records and necessary entries have been made. The applicant is eligible for a felicitation amount of Rs. against achieving age milestone of years.

Date.....

Signature of Dealing Officer.....