



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

302, Block No. -4, RamKrishna Enclave, Nutan Chowk, Sarkanda, Bilaspur (CG)

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AIACE/CENTRAL/2023 / 028

Dated 2 -6-2023

To

The CMD
Northern Coalfields Ltd,
Singrauli (MP)

Sub: Pending CPRMSE reimbursement claim submitted by Sri O P Dubey, EIS No. 90034703, Medical Card no. 07/594 dt. 15-10-2014

Dear Sir,

Our member Sri O P Dubey, Retd GM(Excavation), EIS No. 90034703, Medical Card no. 07/594 dt. 15-10-2014 had submitted a claim for Rs 9782/ for reimbursement under CPRMSE. (Copy enclosed as Annexure-I)

The claim was sent on 4/ 01 /2023 vide Speed Post Receipt No. EU96666023IN which was delivered on 12/01/2023 at Nehru Shatabdi Chikitsalay as per records of post office at Jayant. (Copy enclosed as Annexure-I)

It is regretted that the concerned reimbursement has not yet been processed at NSC, NCL as has been informed by Sri Dubey to us.

He is a worried person as fate of his claim is uncertain and it is a matter of worry whether the said claim has been lost in the office, which if true, is a black spot on NCL.

In light of above facts, it is requested that concerned officials in the concerned department be instructed suitably to locate his submitted claim and process it immediately for reimbursement to Sri Dubey.

With regards,

(P.K.SINGH RATHOR)

Principal General Secretary

Cc

1. D (P), NCL, Singrauli
2. D (F), NCL, Singrauli

CLAIM FORM FOR PAYMENT OF MEDICAL EXPENSES INCURRED BY RETIRED

Post-retirement Medical Card Details -

1 Name of beneficiary & EIS/ PIS No. OM PRAKASH DUBEY, 90034703
 2 Registration No of Medical Card 07/594 DATED 15-10-2014
 3 Present address D180 FIRST FLOOR, SECTOR-47 NOIDA PIN 201303
 DIST GAUFAM BUDHANAGARUP

Patient Details -

1 Name of the patient OM PRAKASH DUBEY
 2 Relationship with the retired executive SELF
 3 Place at which patient fell ill NOIDA
 4 If treatment taken at place other than place of residence, give reason N. A
 5 Name of the Doctor & Hospital from where treatment taken DR. K.K. SINGH, KAILASH HOSPITAL AND HEART INTUTE, NOIDA
 6 Qualification of the Doctor (M.D, DM) DIA BETES, HORMONES, ENDOCRINOLOGIST

Details of the amount claimed -

1. Consultation Fees		2. Injection/Admn. Fees		3. Medicines purchased from market	
Date	Amount	Date	Amount	Date	Amount
i 2-11-22	150	00	--	i 2-11-22	4788 = 00
ii --	--	ii --	--	ii 1-12-22	4788 = 00
iii --	--	iii --	--	iii --	--
iv --	--	iv --	--	iv --	--
TOTAL (1)	150	TOTAL (2)	00	TOTAL (3)	9576 = 00


A. TOTAL (1+2+3):

4. Pathological/Other Tests:

Name of the test	Date	Amount
i BLOOD SUGAR(F)	2-1-23	28 = 00
ii BLOOD SUGAR(P.P)	2-1-23	28 = 00
iii Hb A1C	2-1-23	150 = 00
iv --	--	--
B. TOTAL:		206 = 00

B. TOTAL:

Hospitalization Case	Amount
5. Accommodation Charges (From _____ To _____) @ Rs. _____ per day	--
6. Surgical operation/Confinement charges	--
7. Cost of medicines	--
C. TOTAL (5+6+7)	--
TOTAL AMOUNT CLAIMED (A+B+C)	9782 = 00

Signature: 

Date: 3-1-23

(Signature of retired executive/living spouse (in case of death of retired executive))

FOR OFFICIAL USE ONLY -

Amount Disallowed:	Rs.
Claim scrutinized & recommended for payment of:	Rs.

Note: Doctor's prescription and cash memos in original should be attached; Receipts of amounts should be enclosed; separate claims should be prepared for each patient and each spell of treatment.

Signature of scrutinizing authority	Date:
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<Dial 18002666868> <Wear Masks, Stay Safe>

भारतीय डाक

EU966666023IN IVR:6985966666

SP SEC37 NOIDA SD <201305>

Counter No:1,04/01/2023,10:51

India F

To:OP DUBEY,...

PIN:486890, Jayant Colliery S.O

From:RAJU,NOIDA

Wt:20gms

Amt:41.30(Cash)Tax:6.30

<Track on www.indiapost.gov.in>

