

MORMUGAO PORT TRUST

ANNEXURE 'C'

DECLARATION TO BE FILLED BY RETIRED EMPLOYEES AT THE TIME OF JOINING THE MORMUGAO PORT TRUST EMPLOYEES CONTRIBUTION MEDICAL BENEFIT AFTER RETIREMENT (CMBAR) REGULATIONS, 1989 AND AFTER ON 1ST OF MARCH EVERY YEAR

1. I, the undersigned Shri/Smt. _____
Pension No. _____, Designation Ex-_____ of
_____ Department retired from the service of the
Board with effect from _____ do hereby declare that I am/I am
not employed in any public or private sector undertaking and am/am not
covered any medical benefit scheme by such Employer.

2. (In case of those who are employed gainfully in public or private sector job)
I took up this job on _____ and my terms of appointment is for
a period from _____ to _____, I understand that I am not entitled
to free consultation, free investigation from the Boards hospital for duration of
this appointment as per the Mormugao Port Trust Employees (Contribution
Medical Benefit After Retirement) Regulations, 1989.

Signature : _____

Name of the Pensioner : _____

Medical Identity Card No. : _____

Issued by : CMO/MPT/HL Sada.