

SOUTH CENTRAL RAILWAY

ANNEXURE

Form to be filled in and signed by serving railway employee three months before the date of Superannuation/Retirement/death case (In triplicate).

I,son / daughter / wife of
Shri designation
station.....Department
T. No./GP.No/PF. No....., do hereby opt to join the Retired Employees
Liberdized Health Scheme (RELHS). I clearly understand that the contribution to join
the RELH Scheme is equal to last month Basic Pay + 50% DP. This contribution may be
deducted/recovered from my Settlement dues of retirement benefits (DCRG).

(OR)

I, son / daughter / wife of
Shri designation
station..... Dept
T. No./GP.No/PF. No....., do hereby not opt to join the Retired
Employees Liberdized Health Scheme (RELHS). This contribution towards RELHS may
not be deducted from my settlement dues.

Witness:

1.

Signature:

Name:

2

Designation:

Signature/Designation of immediate supervisor

CERTIFICATION BY SETTLEMENT SECTION

No. NP/500/Sett/

Date:

An amount of Rs..... (B.P.+D.P.+30%RA in case of Running staff)
has been recovered from the Retirement Gratuity/DCRG to join Retired Employees
Liberdized Health Scheme

For DRM(P)/NEC

15. ID Card No. :

16. RELHS Card No. :

17. Details o dependents (As per Pass Rules and Medical Eligibility)

18. Name:-
Relationship:-
D.O.B.:-

19. Name:-
Relationship:-
D.O.B.:-

20. Station

21. Date

Please do Signature with Black ink in the Block only

Note: Individual Passport size colour Photographs of each (Self & Dependents as per pass rules and eligibility to avail Medical facilities under RELHS) are to be affixed separately in the block provided above, with the particulars written below each photographs.