

Dear Sir/Madam,

1. This is with reference to office order no. DDN/CORP-ER/ESTT-POLICY/2021/PRMB/898286 dated 24.08.2022 regarding one time lump-sum contribution for availing post-retirement medical facilities. The process for recovery of lump-sum contribution is being developed by ICE team. The lump-sum contribution for employees who will be retiring in the month of August-2022 shall be deducted through centralized payroll.

2. Further, with reference to office order No. DDN/CORP-ER/ESTT-POLICY/2022/PRMB/1003248 dated 16.08.2022 regarding the extension of medical facilities to dependent parent(s) of retired employees, the following may please be noted:
 - i. The forms that are to be filled in by the employees/ex-employees to avail post-retirement medical facilities for their dependent parent(s) are attached herewith. Employees who retire after 01.08.2022 shall submit the application form SEP-IDC-01 for availing medical facilities in respect of their dependent parents after retirement. Employees who have retired before 01.08.2022 shall submit the application form SEE-Med Parents-01 to exercise the option for availing the medical facilities for their dependent parent(s).

 - ii. The employees, who are retiring in the month of August-2022 and having dependent parents, shall submit the form SEP-IDC-01 to the office of In-charge/Head HR-ER of the location. The form after necessary verification of details is to be forwarded to the concerned PCS of the location for deduction of contribution through payroll. This is only for those who are retiring in the month of August-2022. Process to be followed in future is being developed by ICE team.

 - iii. Modalities for payment by ex-employees who have retired prior to 01.08.2022 and wish to avail medical facilities in respect of their dependent parents, shall be communicated later. However, till such time, they can make the payment of contribution through ongcindia.com (Purpose of payment: Any other deposit by employee) , for availing medical facilities in respect of their dependent parents.

This is for your kind information and necessary action.

With Regards
Vaskar Kumar Barai
GM (HR)- I/C Corporate Policy


OIL AND NATURAL GAS CORPORATION LIMITED
**APPLICATION FOR AVAILING MEDICAL FACILITY FOR DEPENDENT PARENTS OF
RETIRED EMPLOYEES WHO SEPARATED BEFORE 01.08.2022**

CPF No:..... Employee Name:.....

Designation & Level at the time of separation.....

Date of separation.....DOB:..... Last Basic Drawn:.....

Type of Separation: VRS / Superannuation/ Others (Please Specify).....

Mobile Number:.....Email Id:.....

Details of Payment:

Amount of Contribution:.....Mode of Payment: CC/ NEFT/ RTGS/ IMPS/ UPI

Date of Transaction..... UTR No./ Reference No.....

(Please attach proof of payment):-**Details of Dependent parents:**

1. Name:..... DOB:.....

2. Name:..... DOB:.....

Identification Proof to be attached (Aadhar Card/ PAN Card/Voter ID):

Photograph of Retd. Empl.	Photograph of Mother	Photograph of Father
Name: DOB: Signature :	Name: DOB: Signature:	Name: DOB: Signature:

Declaration:

1. The information furnished above is true to the best of my knowledge and belief.
2. In the event of death of any member, the surviving member(s) shall bring the fact to the notice of the Concerned establishment within one month from the date of death of the member, failing which these benefits will be forfeited.

Date:

(Signature of Retd. Employee/
Beneficiary in case of demise of Retd. Employee)

LIFE CERTIFICATE OF RETIRED EMPLOYEE AND PARENTS

(To Be Certified By Gazetted Officer/Serving E2 And Above ONGC Officer/ Branch Manager Of
Public Sector Bank
or
Digital Life Certificate)

1. It is to certify that Mr. /Mrs (**ex-employee**)

.....
has personally appeared before me on.....

Place.....

Date.....

(SIGN.OF CERTIFYING AUTHORITY)
NAME /DESIGN. OF CERTIFYING AUTHORITY

Pramaan ID No.....(In case Digital Life Certificate is submitted)

2. It is to certify that Mr. (**Father**)

has personally appeared before me on.....

Place.....

Date.....

(SIGN.OF CERTIFYING AUTHORITY)
NAME /DESIGN. OF CERTIFYING AUTHORITY

Pramaan ID No.....(In case Digital Life Certificate is submitted)

3. It is to certify that Mrs (Mother)

.....
has personally appeared before me on.....

Place.....

Date.....

(SIGN.OF CERTIFYING AUTHORITY)

NAME /DESIGN. OF CERTIFYING AUTHORITY

Pramaan ID No.....(In case Digital Life Certificate is submitted)

For use by Finance

Rupees..... has been received as contribution for availing medical for the one / two dependent parents of the retired employee.

Date:

Signature of I/c PCS

For use by Separated Employees' Establishment (SEE)

Details of dependency of parents at the time of retirement has been verified and necessary entries made in the system.

(SIGNATURE OF INCHARGE SEE.)

Note : Last date for submission of form is 15.02.2023

Copy to: Personal File