

Paste photo of self

Paste photo of spouse

Paste photo of physically disabled child

Dated \_\_\_\_\_

To,  
The Group General Manager(P)  
RITES Ltd.  
Gurgaon

**Sub: Request for Membership of PRMS/MSRRE.**

Dear Sir,

I wish to become member of the PRMS/MSRRE. I request that the facilities under Scheme, may please be made available to me and / or my spouse. The desired particulars are as under :-

- 1. Name .....  
Employee No. ....  
Designation at Cessation of Service .....  
Last Drawn Basic & Scale of Pay .....
- 2. Name of the SBU/Office from where ceased to be in employment .....
- 3. Date of Birth of Self .....  
Name of the Spouse .....  
Date of Birth of Spouse .....
- 3a) If any, physical/mental disabled children.  
If yes; Name .....  
(Enclose certificate of disability) DOB .....
- 4. Date of joining RITES/Other CPSE(s) .....
- 5. Date of cessation of service .....
- 6. Reason of cessation Superannuation / Death /Medical invalidation
- 7 No. of years of continuous service put in RITES/PSUs. ....
- 8. Present address .....  
Telephone/Mobile No. ....  
Tel. No..... Mob. No.....
- E.mail ID .....
- 9 Whether presently member of the Medi-Claim Policy .....  
If yes, Existing Medi-claim Card No .....
- 10 Preferred location/Station from where Medical facility is to be availed .....
- 11 Availing post retirement medical scheme from Govt./CPSE, if yes, details of office/organisation .....

**I hereby declare that -**

- a) Management of RITES reserves the right to withdraw the Scheme or modify the scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer upon me any right of continued membership or any benefit / compensation on discontinuation of the Policy.
- b) I and my spouse shall be entitled to membership of the scheme, subject to meeting the other requisite conditions.
- c) Particulars submitted by me are correct. I/my spouse has rendered the requisite length of service to make me eligible for the membership under the scheme & I am not otherwise in-eligible for membership of the post retirement medical scheme.
- d) I have enclosed two stamp size photographs each of self and spouse, indicating the name on reverse of the Photograph..

Thanking you,

Yours faithfully,

**(Signature & Name)**

Staple photo of self

Staple photo of spouse

Paste photo of physically disabled child