

**MUMBAI PORT AUTHORITY
MEDICAL DEPARTMENT**

ORIGINAL

R/E-F			
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**APPLICATION FOR REGISTRATION OF RETIRED EMPLOYEE & HIS / HER SPOUSE
AT MB.P.A. HOSPITAL AND DISPENSARY**

I wish to apply for registration of Medical Aid under the contributory Indoor / Outdoor Medical Benefit Scheme for retired employees. I furnish below the necessary details.

M.A.R. No. Prior To Cessation of Service: E/

Name of Retired Employee } _____
Surname Own Name Name of Father/Husband

Date Of Birth : _____ Date of Appointment: _____

Designation at the time of Retirement } _____
Section Department

Category - Class of the Employee: I / II / III / IV Marital Status _____ Pay Scale _____

Date Of Retirement: } _____
Death/Invalidation } Religion _____ Sex: Male / Female

Residential Address: _____

Native Place Address: _____

I wish to register myself and my spouse at one of the following Mb.P.T. Dispensaries:-
(i.e. Govandi Dispensary, Wadala Dispensary, Antop Villiage Dispensary, Carnac Bunder Dispensary, Dockyard Dispensary, Ballard Estate Dispensary etc.)

Please quote the name of only one Dispensary required

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Name of Spouse	Age	Sex	Identification	
	Date of Birth		Marks	Part of the body

Physical Identification }
Marks of Retired employee } i) Mark _____ Part of the body _____
ii) Mark _____ Part of the body _____

I furnish herewith three copies of Photographs, each of myself and my spouse to enable the Chief Medical Officer, Mb.P.A. to issue Medical Aid Registration Card for this purpose, I have read the rules and regulations framed under the Contributory Indoor / Outdoor Medical Benefit Scheme for retired employees and their spouses, sanctioned under T.R.No. 79 of 14-3-1983 and T.R. No.137 of 1985 and T.R.No.426 of 30.08.1994. I undertake to abide by the same.

Date _____

Signature of Retired employee _____

Signature of Retired employee's spouse _____

INSTRUCTIONS

1. This application form should be completed in duplicate. The original copy duly filled in should be sent to the Medical Department for the purpose of registration and duplicate should be retained by the department concerned.
2. The following physical identification marks should be quoted for the purpose of identification.
(a) Scar of more than one Year's duration: (b) pigmented mole present since birth: (c) Tattoo mark; (In case of 'Nil' mark, it should be confirmed either by Port Trust Medical Officer or Private Medical Practitioner with his / her signature and rubber stamp.)
3. The retired employee and his/her spouse will be normally registered only at the dispensary initially opted and change of option will not be ordinarily allowed unless the Sr. Dy. Chief Medical Officer/Chief Medical Officer is fully satisfied of the genuineness of the reason for such change of option of dispensary. Retired employee and his/her spouse will be allotted only one common Dispensary Registration Number for the purpose of Medical Aid.
4. The retired employee and his/her spouses will be entitled to only Outdoor/Indoor medical attendance and treatment only after registration at the dispensary opted for the purpose. Outdoor/Indoor medical attendance and treatment at the Mumbai Port Authority Hospital will be admissible only on a reference from the dispensary to the hospital. In emergencies and at the discretion of the Chief Medical Officer, he/she may be accepted for Indoor / Out door medical attendance and treatment at the Mumbai Port Authority Hospital direct.
5. The retired employee should pay to the Department from which he retires one time lumpsum contribution appropriate to his class, as set out in T. R. No. 79 of 14/03/1983. There should be a specific certificate from the officer concerned of the Department that the applicant is entitled for M. A. under this scheme and has paid the necessary amount and the same is being remitted to the F.A. & C.A.O., M.B.P.A.
6. Out of the three pairs of stamp-size photographs (i.e.3 copies of photographs of retired employees and 3 copies of photographs of his / her spouses), one pair of photographs (i.e. one photographs of employee and one of spouse) should be affixed in the space provided below and another pair of photographs be affixed on duplicate form, to retained by the department the third pair of photographs duly attested on the reverse by the concerned officer of the department be forwarded to Medical Department along with this application for affixing the same on Medical Aid Registration Card to be issued to him/her.
7. The employee / spouse must produce his / her Medical Aid Registration Card at every visit to the dispensary / hospital for medical aid. Failure to do so will result in refusal of medical aid.
8. Incomplete form in any respect will not be entertained for registration.

Space for Photograph of Retired employee	Space for photograph of spouse of retired employee
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No _____

Date _____

Forwarded to the Chief Medical Officer, MB.P.A. duly verified for necessary action. The applicant is entitled for M. A. under this scheme and has paid an amount of Rs. _____ in this office under this office receipt No. _____ dt. _____ and the same is being remitted to F.A.& C.A.O, MB.P.A./ given an authority letter authorising J.A.O (PF) to recover an amount Rs. _____ from his terminal dues.

Signature of Officer, } _____
Designation & Dept, }

Received M.A.R. Card No. RE/ _____ on _____

RF/ _____ on _____

Sign of clerk issuing Card

Receivers Signature

**MUMBAI PORT AUTHORITY
MEDICAL DEPARTMENT**

DUPLICATE

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 Surname Own Name Name of Father/Husband

Date Of Birth : _____ Date of Appointment: _____

Designation at the time of Retirement } _____
 Section Department

Class III / Class IV

Date Of Retirement: } _____ Religion _____ Sex: Male / Female
 Death/Invalidation }

Residential Address: _____

Native Place Address: _____

I wish to register myself and my spouse at one of the following Mb.P.A. Dispensaries:-
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Please quote the name of only one Dispensary required

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Name of Spouse	Age	Sex	Identification	
	Date of Birth		Marks	Part of the body

Physical Identification } i) Mark _____ Part of the body _____
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Date _____

Signature of Retired employee _____

Signature of Retired employee's spouse _____

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Space for photograph of retired employee	Space for photograph of spouse of retired employee
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No _____

Date _____

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Signature of Officer, } _____
Designation & Dept. }