APPENDIX "A"

P.P. 3000-4-78 M.64 F/1
M.A.R. – I
(ORIGINAL)

E			

MUMBAI PORT AUTHORITY

MEDICAL DEPARTMENT

(APPLICATION FOR M.A.R. BY Mb.P.A. EMPLOYEE)

Name of employee } Surname _____ Name _____ Father / Husband _____
(In capital letters) *Sex: Male/Female Blood Group : _____

Date of Birth _____ Date of Appointment_____ Religion _____

Designation _____ Department _____

Section _____ Place of work _____

Identity Card No./ Dock Entry Permit No.* _____

Residential Address :- _____
_____
_____

I wish to register myself at the following Mumbai Port Authority Dispensary:-

1. ☐ Govandi Dispensary.
2. ☐ Wadala Dispensary
3. ☐ Antop Village Dispensary.
4. ☐ Carnac Bunder Dispensary.
5. ☐ Dock Yard Dispensary.
6. ☐ *Pir Pau Dispensary.
7. ☐ *Butcher Island Dispensary.
8. ☐ Ballard Estate Dispensary.

[Tick ☐ √ against the dispensary of choice. Only one dispensary may be selected.]

- Employees residing at Butcher Island and Pir Pau Oil Pumping Station who get themselves registered either at Pir Pau Dispensary or at Butcher Island Dispensary, may opt for one of the other six dispensaries.

MY PHYSICAL IDENTIFICATION MARKS are as under:

(i) Mark: _____ Part of the body _____
(ii) Mark: _____ Part of the body _____

New Candidate no. _____ Date: _____

I am appointed / not appointed under special quota reserved for Handicapped Candidates.
I request that I may be issued the Mb..P.A. Medical Aid Registration Card.

Date: _____

_____
Employee's Signature / Thumb Impression.

NOTE:- (i) Any change of registration of the dispensary should be applied for by a fresh application in the prescribed form (G - 127F) and will be considered only if the applicant is transferred or there are any special reasons.
(ii) Following PHYSICAL MARKS should be quoted as identification marks:- (a) Scar of more than one year's duration; (b) Pigmented mole present since birth; (c) Tattoo marks.
(*) Strike out which is not applicable.

[P.T.O.]

(TO BE FILLED IN BY DEPARTMENT CONCERNED)
Verified:

Signature : _____

Designation:_____

Department:_____

N.B. – (i) Duplicate copies of Form M.A.R. –I and M.A.R.-II are to be filled in by the employees.

(ii) Departments concerned will get the information from duplicate copies, typed on the original forms, and after obtaining the signature of the employee concerned on the original forms, will return the forms to the Chief Medical Officer.

(iii) Please obtain receipt from the employee after the card is issued on the duplicate copy of the form which is to remain with the department.

(iv) After the issue of card, always quote the employee's Card Number when correspondence is entertained with Medical Department in respect of the employee.

(v) Each department is requested to inform the Chief Medical Officer in advance (if possible a month in advance) the ineligibility of an employee to take medical aid, by reason of his retiring, resigning, dismissal, discharge or any other cause.

(vi) While registering dependent family members, employee should bring his/her all family members to Registration Section, P. A. Hospital for verification and signature for record purpose.

(TO BE FILLED IN BY THE MEDICAL DEPARTMENT)
Medical Aid Registration Card

F /

Sent to _____ Department under No._____

On_____

Signature of the person
Issuing card.

APPENDIX"B"

L.P.P. 5000-8-73 M.65 F
M.A.R-II
(ORIGINAL)

F			

MUMBAI PORT AUTHORITY

MEDICAL DEPARTMENT

(APPLICATION FOR M.A.R. OF THE WHOLLY DEPENDENT FAMILLY MEMBERS OF THE MB.P.A. EMPLOYEE)

Name of employee (In capital letters) Surname _____ Name _____ Father / Husband _____

*Sex: Male/Female Blood Group: _____

Date of Birth _____ Date of Appointment_____ Religion _____

Designation _____ Department _____

Section _____ Place of work _____

Identity Card No./ Dock Entry Permit No.* _____

Residential Address :- _____
_____
_____

I wish to register myself at the following Mumbai Port Trust Dispensary:-

1.	☐	Govandi Dispensary.	5.	☐	Dock Yard Dispensary.
2.	☐	Wadala Dispensary	6.	☐	*Pir Pau Dispensary.
3.	☐	Antop Village Dispensary.	7.	☐	*Butcher Island Dispensary.
4.	☐	Carnac Bunder Dispensary.	8.	☐	Ballard Estate Dispensary.

[Tick ☐ (√) against the dispensary of choice. Only one dispensary may be selected.]

- Employees working at Butcher Island and Pir Pau Oil Pumping Station who get themselves registered either at Pir Pau Dispensary or at Butcher Island Dispensary, may opt for one of the other six dispensaries.

INSTRUCTION FOR FILLING IN THE FORM

(1) Following are the dependents admissible under the rules:-
- (i) His wife, if the employee is a male;
- (ii) Her husband, if the employee is a female;
- (iii) Legitimate children including children legally adopted;
- (iv Step children; and
- (v) Parents.

} if residing with and wholly dependant on dependant on the employee.

(2) Please use the following abbreviations for filling up the relation column of the overleaf pro-forma.

Wife _____ W Son _____S Father _____ F
Husband _____H Daughter _____D Mother _____ M

(3) Following PHYSICAL MARKS should be quoted as identification marks:
(i) Scar of more than one year's duration; (ii) Pigmented mole present since birth; and
(iii) Tattoo marks.

Those employees who are not in a position to quote the identification marks on these forms should keep the space for identification mark blank. Arrangement to note down the mark on the forms will be made at a later date at the respective dispensaries; on hearing form the department concerned.

(*) Strike out which is not applicable (P.T.O.)

M.65 F/1

PARTICULARS OF THE DEPENDENTS

(Please see the instructions for filling in the form)

No.	Name [Name and Father's or Husband's name only in capital letters)	Relation	Date of Birth	Age Yrs. Mts.	Sex	Two identification marks on the body			
						Marks	(i) Part of body	Marks	(ii) part of body

I hereby declare that the particulars given are true to the best of my knowledge and belief. I also undertake to intimate any change in the membership of my family within 15 days of their occurrence.

I request that I may please be issued the Mb.P.A. Medical Aid Registration Card for the dependent/s of my family.

Employee's Signature /
Thumb Impression and date