

PARADIP PORT TRUST
ADMINISTRATIVE DEPARTMENT



No. AD/RR/II/176/2006(Pl.I)/208

Dated

21-01-2022

OFFICE MEMORANDUM

The Board of Trustees vide Resolution No 65/2021-22 on Agenda Item No. 26(03)/2021-22, in the meeting held on 22.12.2021 has approved to amend to the Provisions of 5(a) to 5(d) of the existing Paradip Port Trust Employees (Contributory Outdoor and Indoor Medical Benefits After Retirement) Regulations, 2013.

The existing Provisions and the amendments as approved by the Board are furnished in a table below:-

Sl. No.	Clause No.	Existing Provision	Proposed amendment as approved in the Board meeting dated 22.12.2021	Remarks
1	2	3	4	5
1	5(a)	The application in the prescribed pro-forma Annexure-'A' (attached) - for the medical facilities under these Regulations should be made in duplicate to the Head of Department from where the employee Retired/invalidated or in case of his/her death, by his/her spouse, for verification of the particulars mentioned therein. While submitting the application, 2 copies of passport size photographs of the retired employee and his/her spouse should also be sent to the Head of Department along with a declaration in the pro-forma Annexure 'B' (attached) - that neither he/she nor his/her spouse is gainfully employed in any public/private undertaking and/or covered by any medical benefit scheme of the undertaking. This declaration should be renewed every year within the 1 st November to 30 th November. Besides, he/she should enclose copy of the receipt of having paid the lump sum contribution referred to in preceding para.	The application in the revised prescribed pro-forma Annexure-'A' (attached) for the medical facilities under these Regulations should be made in duplicate by the employees to the Finance & Accounts Department irrespective of his/her retirement /invalidated in any Department or in case of his/her death, by his/her spouse, for verification of the particulars mentioned therein. While submitting the application, 2 copies of passport size photographs of the retired employee and his/her spouse should also be sent to the F & A Department along with a declaration in the pro-forma Annexure 'B' (attached) - that neither he/she nor his/her spouse is gainfully employed in any public/private undertaking and/or covered by any medical benefit scheme of the undertaking. This declaration should be renewed every year within the 1 st November to 30 th November. Besides, he/she should enclose copy of the receipt of having paid the lump sum contribution referred to in preceding para.	Head of the Department has been replaced by Finance & Accounts Department, PPT

(Contd. Page/2)

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2	5 (b)	On receipt of the application by the Head of Department, the contents of the application will be scrutinized with reference to records available in that department and forwarded to the Chief Medical Officer. The Head of Department or an Officer appointed by him, while forwarding the application to the Chief Medical Officer, should certify on the application as detailed hereunder:- "I have personally verified the contents of the application with reference to records available with this department and it is certified that the applicant is eligible for the benefit under the Paradip Port Trust Employees' (Contributory Outdoor and Indoor Medical Benefit after Retirement) Regulations 2013."	On receipt of the application by the Finance & Accounts Department, the contents of the application will be scrutinized with reference to records available in Finance & Accounts Department and forwarded to the Chief Medical Officer. The FA & CAO or an Officer appointed by him, while forwarding the application to the Chief Medical Officer, should certify on the application as detailed hereunder:- "I have personally verified the contents of the application with reference to records available with this department and it is certified that the applicant is eligible for the benefit under the Paradip Port Trust Employees' (Contributory Outdoor and Indoor Medical Benefit after Retirement) Regulations 2013."	-do- and FA & CAO, PPT
3	5 (c)	In case it is found that the applicant and/or his/her spouse is not eligible for any benefit under these Regulations, he/she should be intimated so, in writing, by the concerned Head of Department.	In case it is found that the applicant and/or his/her spouse is not eligible for any benefit under these Regulations, he/she should be intimated so, in writing, by the Finance & Accounts Department.	-do-
4	5(d)	If the applicant is found not eligible for benefit under these Regulations, the lump-sum payment made by him will be refunded to him on the basis of the advice of the respective Head of Department.	If the applicant is found not eligible for benefit under these Regulations, the lump-sum payment made by him will be refunded to him by the Finance & Accounts Department.	Head of the Department has been replaced by Finance & Accounts Department, PPT

Encl: Revised Annexure- A

Lava 12/01/2022
Secretary, 21/01/2022
Paradip Port Trust

Copy Communicated to:

- 1) The FA & CAO, PPT for information and necessary action please.
- 2) The Chief Medical Officer, PPT for information and necessary action please.
- 3) All Heads of Departments (except FA&CAO/CMO) for information and necessary action please..
- 4) Senior Welfare Officer, PPT for Board compliance..
- 5) The General Secretary, Paradip Port Trust Officers Pensioners' Association, Bhubaneswar/ The President, Paradip Port Pensioners' Association, Paradip/All Trade Unions/ All Associations, Paradip Port.

PARADIP PORT TRUST

APPLICATION FORM FOR JOINING THE PARADIP PORT TRUST EMPLOYEES
(CONTRIBUTORY OUTDOOR AND INDOOR MEDICAL BENEFIT AFTER
RETIREMENT) REGULATIONS, 2013

To

The Financial Advisor & Chief Accounts Officer,
Paradip Port Trust.

Sir,

I along-with my spouse, whose particulars are given below, may please be admitted to the Paradip Port Trust Employees (Contributory Outdoor and Indoor Medical Benefit After Retirement) Regulations, 2013.

1] In case the applicant is the Employee:

[a] Name of the retired employee

Name of the spouse

[b] Date of Birth of the Retired Employee

Date of Birth of the spouse

[c] Designation at the time of retirement
Department/Division

[d] Class of the Employee (CI/I/II/III/IV)

[e] Date of Retirement

[f] Employee No./PRO No.

[g] Whether retired under CPF

[h] Residential Address

[i] Native Place Address

[j] Phone No. (Land line/ Mobile)

2] In case the applicant is the spouse of the deceased employee.

- [a] Name of the deceased employee
- [b] Date of death of deceased employee
- [c] Name of the Spouse
- [d] Date of Birth
- [e] Deptt/ Office in which employee served and last post held.
- [f] Class of employee (CLI/II/III/IV)
- [g] Employee No/PPO No.
- [h] Residential Address
- [i] Native Place Address
- [j] Phone No (Land Line/ Mobile)

3] Details of spouse.

- [a] Name of the Spouse
- [b] Date of Birth

4] Details of payment of the one time lump-sum contributions

I will abide by the Regulations and modifications of the Scheme which may be issued from time to time.

I declare that I have surrendered my Medical Card issued to me from my office, while in service.

Date:

(Signature of the applicant)

NB: Two passport size photographs of the members joining the scheme must be attached.

It is certified that " I have personally verified the contents of the application with reference to records available with this department and that the applicant and/or spouse is/are eligible for the benefit under the Paradip Port Trust (Contributory Outdoor and Indoor Medical Benefit After Retirement) Regulations, 2013. .

The Financial Advisor & Chief Accounts Officer,
Paradip Port Trust.

PARADIP PORT TRUST

Declaration to be filled by retired employees on the surviving spouse at the time of joining the Paradip Port Trust Employee's (Contributory Outdoor and Indoor Medical Benefit after Retirement) Regulations, 2013 and thereafter on 1st of November every year.

* * * * *

1] In case of retired employees, who are not employed gainfully in public/ private sector job:-

I, the undersigned..... Employee No./ PPO No.
Designation.....of Department retired from the service of the Board with effect fromdo hereby declare that I and my spouse are not employed in any public or private sector undertaking and I and my spouse are not covered by any medical benefit scheme by such employer.

2] In case of surviving spouse of retired employees, who is not employed gainfully in public/ private sector job:-

The undersigned wife/husband of late Sri/Smt, who died on while in service/ after retirement from service of the Board with effect from do hereby declare that I am not employed in any public or private sector undertaking and I am not covered by any medical benefit scheme by such employer.

3] In case of those who are employed gainfully in public or private sector job:

I took up this job on and my term of appointment is for a period fromto.....I understand that I am not entitled to free consultation, free medicines, free investigation from the Board's hospital of duration of this appointment as per the Paradip Port Trust Employees' (Contributory Outdoor and Indoor Medical Benefit after Retirement) Regulations, 2013.

Signature.....

Name :