

## LIVE CERTIFICATE

Date:    /    /2024.

To,

\_\_\_\_\_  
MOIL LIMITED  
1A, MOIL BHAWAN, KATOL ROAD,  
NAGPUR 440013.

**Subject: Submission of Live Certificate with reference to coverage under Group Medical Insurance policy for retired employees of MOIL LIMITED.**

Dear Sir,

This is to inform you that myself Shri. /Smt. \_\_\_\_\_ Emp. No. \_\_\_\_\_ Form B No. \_\_\_\_\_ (Aadhar Card No. \_\_\_\_\_) and my Spouse Smt./Shri \_\_\_\_\_ (Aadhar Card No. \_\_\_\_\_) along with the dependent physically / mentally challenged Son /Daughter Shri. /Kumari. \_\_\_\_\_ (Aadhar Card No. \_\_\_\_\_) who is wholly dependent on me (Strike out whichever is not applicable) are alive as on date and wish to be covered under the Group Medical Insurance Policy for the retired employees of MOIL LTD for the period 01/04/2024 to 31/03/2025.

We have also enclosed/attached self-attested copy of our respective Aadhar Card. /Also enclosed handicap certificate for records (If applicable).

We hereby undertake that the information provided by us in this Live Certificate is correct and we fully take the responsibility of it.

We also declare that we are not getting Medical benefits from any other source. We are aware that, we will not be eligible to get the benefit under the Group Medical Insurance Policy for the retired employees of MOIL Limited, if we are getting medical benefits from any other source.

Hence submitting this Live Certificate.

Yours sincerely,

(Signature)

(Complete Name)

(Complete Postal Address with Pin code).

Email:

Mobile Number:

Land Line Number:

Last serving Mine/Office:

**To be certified by the Personnel Department of Mine/ HO at the last place of work.**

This is to certify that the above mentioned contents in this Certificate are true as per the records available before the Retirement /Separation.

Mine Manager/ HOD Personnel at HO

Signature:

Name of Certifying Officer:

Designation:

Location: (Name of Mines of MOIL):

Date of Issue: