

THE STATE TRADING CORPORATION OF INDIA LIMITED: NEW DELHI
PERSONNEL DIVISION
(Estt. Section)

6th July, 2015

CIRCULAR

Subject: Submission of Existence Certificate by the ex-STC employees or his/her spouse- Self-Certification-Regarding

Reference: Circular dated 28.05.2015 of Establishment Section

In partial modification to Circular dated 28.05.2015 of Establishment Section, on the above subject, It has been decided that Existence Certificate (as per the annexed format), be submitted every year, self-certified by ex-employees/their spouse who are members of the STC (Retired Employees') Medical Benefit Scheme.

2. The self-certified Existence Certificate be submitted to Personnel Division (Medical Cell) of CO and Branches, as the case may be during the period 1st November to 30th November every year. For the first instance the same needs to be submitted by 31st August 2015.

3. The ex-employees who have already submitted certified Existence Certificate during the current year need not submit the self-certified Existence Certificate for the present year. Thus, the ex-employees/members who have not submitted Existence Certificate till date are required to submit the Existence Certificate (as per annexed format) within the prescribed time.

4. Other terms and conditions of the circular under reference shall remain unchanged.

This issues with the approval of the Competent Authority.



(SAMIT MOHAPATRA)
GM (PERSONNEL)

- Notice Board
- All Branch Offices
- STC Website



THE STATE TRADING CORPORATION OF INDIA LIMITED

EXISTENCE CERTIFICATE

(TO BE SUBMITTED BY MEMBER OF THE STC (RETIRED EMPLOYEES') MEDICAL BENEFIT SCHEME) (TO BE FILLED IN CAPITAL LETTER)

Manager (Medical Cell)
STC of India Limited

MEDICAL CARD NO.

EMPLOYEE NO..... (While in employment)

Table with fields: NAME OF THE EX-EMPLOYEE, WHETHER THE EX-EMPLOYEE IS ALIVE, DESIGNATION AT THE TIME OF RETIREMENT, DATE OF BIRTH, DATE OF APPOINTMENT, DATE OF RETIREMENT, WHETHER THE SPOUSE OF THE EX-EMPLOYEE IS ALIVE, NAME OF THE SPOUSE, WHETHER SPOUSE IS AVAILING MEDICAL FACILITY, DATE OF BIRTH (SPOUSE), OTHER MEDICAL CARD NO (IF ANY DUPLICATE CARD ISSUED), ADDRESS, Mobile No., Email id.

It is certified that:

- i. I am not gainfully employed/ gainfully employed but not availing medical facility from my present employer.
ii. My spouse is not gainfully employed/ gainfully employed but not availing medical facility from his/her present employer.
iii. I, Shri/Smt _____ whose specimen signature is given below, am alive today, the _____ day of _____, 20..... and all the above information is true and correct to best of my knowledge and belief.

(Signature of the Member)