



HALL MANAGEMENT CENTRE  
INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

POST RETIREMENT MEDICAL SCHEME (PRMS)  
OPTION FORM FOR PENSIONER/ FAMILY PENSIONER OF HMC

Ref: Administrative Circular No. IIT/HMC/2020/PRMS/01, dated September 16, 2020

|    |  |   |
|----|--|---|
| 1. | Name of the Pensioner/ Family Pensioner:     |   |
| 2. | Status (strike off which is not applicable): |   |
| 3. | Pension Code:                                |   |
| 4. | Details of Spouse:                           | Spouse's Name: .....<br>Spouse's Date of Birth: ..... |
| 5. | Present Address:                             |   |
|    |  |   |
|    |  |   |
|    |  | Pin Code:   |
| 6. | e-mail ID (if any):                          |   |
| 7. | Telephone/ Mobile No.:                       |   |
| 8. | Bank A/c No.:                                |   |
| 9. | Name of Bank:                                |   |

I have read the terms of reference and other details of the Post-Retirement Medical Scheme (PRMS) introduced by HMC, IIT Kharagpur as contained in the Administrative Circular No. IIT/HMC/2020/PRMS/01, dated September 16, 2020, which are acceptable to me and accordingly, I am willing to join the said Scheme as per conditions related to the Scheme. I am enclosing herewith a demand draft/ cheque as per following details for grant of membership of the PRMS.

**NOTE: Demand Draft / Cheque is to be done in favour of "HMC PRMS CORPUS A/c ", Payable to "IIT KHARAGPUR".**

Mode of Payment

Amount (Rs.) ... ..

Demand Draft/Cheque Receipt No. .... Dated .....

Drawn on (Cheque/Draft) : .....

Dated: .....

Signature: .....

Name: .....

To  
The Chairman, HMC  
IIT Kharagpur

Offline: Acknowledgement form will be generated after receipt of this filled in form.