

(To be filled in duplicate)

Nomination for Post Retirement Medical Benefit Scheme

I _____, hereby nominate the person/persons mentioned below who is/are members of my family and confer on him/them the right to receive the amount towards reimbursement due for the bills under PRMS.

Original Nominee

Name and address of Nominee	Relationship with the Institute employee	Age

Alternate Nominee (in order of priority):

Name and address of Nominee	Relationship with the Institute employee	Age

NATIONAL INSTITUTE OF INDUSTRIAL ENGINEERING, MUMBAI

**Option for declaring two hospitals for
Post Retirement Medical Benefit Scheme (PRMS)**

I hereby suggest the name of the two hospitals from where I would prefer to take treatment.

Sr. NO.	<u>Name of the Hospital with no. of beds & other facilities available</u>	<u>Phone No.</u>	<u>Email ID</u>	<u>Recognised by (Local body, PSU, State Govt., Central Govt., etc.)</u>
1.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Date: _____

Signature of the PRMS Member

Name _____

Designation _____

Department _____

Countersigned by

1.

2.

Medical Supdt. of the
Hospitals mentioned above