



नॉर्थ ईस्टर्न इलेक्ट्रिक पावर कॉर्पोरेशन लिमिटेड  
(भारत सरकार का उद्यम)  
NORTH EASTERN ELECTRIC POWER CORPORATION LTD.  
(A GOVT. OF INDIA ENTERPRISE)

**ANNEXURE -III**

OPTION FOR AVAILING MEDICAL REIMBURSEMENT  
UNDER NEEPCO CONTRIBUTORY SCHEME FOR POST RETIREMENT MEDICAL FACILITIES  
{ refer Clause-6.7.5.1(i)}

1. Name of the retired/separated employee :  
(In block letters)
2. Designation :
3. Employee Number :
4. Last place of posting :
5. Name of the Office /project/plant :  
where he/she wants to get reimburse  
the medical claim
6. Present communication Address :  
Vill- :  
PO- :  
Town- :  
Dist.- :  
State- :  
Pin- :  
Mobile No. :  
E-mail address- :
7. Bank Account details :
  - a) Bank account No. :
  - b) Name of the Bank :
  - c) Name of the Branch :
  - d) IFS code No. :

I do hereby opt to avail the benefits of medical reimbursement under above scheme from the office/Project/Plant as indicated at Sl.No. 5 above .

Signature \_\_\_\_\_

(Retired/separated employee)