

APPLICATION TO BE SUBMITTED BY THE CANDIDATE FOR ISSUE OF
MEDICAL CREDIT CARD

To,

The Chief General Manger(HRD),
TSTRANSCO,
Vidyut Soudha,Khairatabad,
Hyderabad - 500082.

1. Name of Employee/Pensioner/Artisan:
2. Designation/ID.No. :
3. Working in Office of :
4. Issue of Medical Credit Card for
self / Mother / Father / child, :
5. Name of the Dependent :
6. Age :
7. Treatment of (disease name) :
8. Name of the hospital :
9. Admission Date & IP No. :
10. Eligibility as per TS Transco rules :
11. MLC/FIR No. if required :

I hereby give an undertaking on my own that any false found contrary to my declaration, I am liable for disciplinary proceedings under discipline & Appeal Regulations in vogue.

Yours faithfully,

Dt:

Place:

Signature:
Name:
Emp ID/PPO No.:
Designation: