

OIL AND NATURAL GAS CORPORATION LIMITED (CORPORATE POLICY GROUP) **TEL BHAVAN: DEHRADUN**

No. ONGC/ER/CP/ MED/001

Dated: 28th January, 2009

OFFICE ORDER (03/2009)

REIMBURSEMENT OF COST OF SPECTACLES/CONTACT RETIRED EMPLOYEES & DEPENDENTS OF DECEASED EMPLOYEES WHO DIE WHILE IN SERVICE.

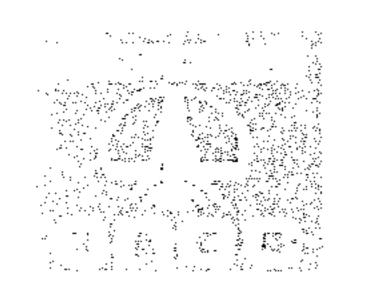
Executive Committee has decided to reimburse the cost of spectacles/contact lenses to retired employees, their living spouse and dependent family members (excluding parents) of deceased employees who die while in service, subject to the following:-

The retired employees, their spouse, dependant family members (excluding parents) of deceased employee who die while in service may avail reimbursement of actual cost of spectacles/contact lenses within the overall cost ceiling indicated below provided they are members of ONGC Post Retirement Medical Scheme-

Level of employee at the time of retirement/ death	Cost ceiling	
W & A level	Rs.1500/-	
S level & E-0 to E-4	Rs.2500/-	
E-5 to E-8	Rs.3000/-	
E-9 & above	Rs.4000/-	

- The reimbursement shall be allowed only in those cases where spectacles/contact lenses are purchased on recommendations of an eye specialist.
- The retired employees/dependents of deceased employee will have to submit their claim in annexed format along with necessary prescription of eye specialist and cash memo.
- Necessary entries in regard to said reimbursement shall be made in ICE system by the concerned Incharge, HR-ER/ Senior Citizen Cell to determine subsequent entitlement.
- The said reimbursement is admissible once in a block of two years. The block of two years shall be reckoned from 1st January, 2009.
- This order shall take effect from 1st January, 2009.

(Amarendra Sahu) (Amare



OIL AND NATURAL GAS CORPORATION LTD

CLAIM FOR REIMBURSEMENT OF SPECTACLES COST TO RETIRED EMPLOYEES/DEPENDENTS OF DECEASED EMPLOYEES

Id. /CPF No:	Name:			
Level/Designation of employees at	the time of reti	rement /death		
Org. Unit & Location at the time o	f retirement/dea	ıth		••••
Date of Joining ONGC: Before 2.	.6.1987	On or afte	er 2.6.1987	
Block Year: 2009-1	0	Calendar Year:		
Admissible Overall Ceiling :-				
(a) Rs.1500/- (b) Rs.2	2500/-	(c) Rs.3000/	' (d) Rs	.4000/-
Name of family members including				
Sl. Name	Relationship	Date of purchase	Cash Memo No. & Date	e Amount
			<u></u>	
Total Amount claimed: () = Rs.	
Details of last claim, if any: - Date	e of claim	Amou	nt	
Following documents are enclosed:- 1. Original Cash memo/Receipt	2. Copy of pre	escription of an eye	specialist for spectacles	
Date:		•	Signature of c	<u>claimant</u>
		HR-ER		
Claim verified as per existing rules ar	id necessary entri	es made in ICE Syst	tem.	
Date:		Signatu	re of I/c, HR-ER/Sr. Ci	tizen Cell
	FOR F&A	SECTION		
Passed for payment of Rs	(Rupees	<u> </u>		only)
Date:			Signature of PCS	S Officer

