



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

No. ONGC/ER/CP/REM/009

Dated: 16<sup>th</sup> March, 2009

**OFFICE ORDER (14 /2009)**

**Sub: Medical facility to retired employees.**

Attention is invited to Office order of even number dated 5<sup>th</sup> September, 2008 which inter-alia provides that retired employees, for availing medical facility under the provisions of ONGC Post Retirement Medical Scheme, shall have to submit a declaration as per prescribed format once every year in the month of January to the concerned Incharge-HR/ER to this effect that they have not taken up any full time regular employment outside ONGC.

2. In partial modification of aforesaid instructions, the competent authority has further decided that the required declaration should be witnessed either by ONGC executive or by an executive of nationalized Bank /CPSU.

3. Consequently, a revised format of declaration is annexed.

*Amarendra Sahu*  
(Amarendra Sahu) 16.3.2009

Chief Manager (HR)-Corp. Policy

**Distribution:**

**All concerned through ongcreports.net- copy may be downloaded  
- hard copies not being circulated.**

**DECLARATION**

I (name) \_\_\_\_\_; Identification No. \_\_\_\_\_ retired/voluntary retired as \_\_\_\_\_ on \_\_\_\_\_ and presently residing at \_\_\_\_\_

\_\_\_\_\_ hereby declare that I have not taken-up any full time regular employment outside ONGC after retirement/separation.

2. I do further solemnly declare that when I will take-up full time regular employment outside ONGC, I shall immediately inform ONGC about the employment and will not avail medical facility during the duration of my full time regular employment.

3. I solemnly affirm that the above declaration is true to the best of my knowledge and belief. I understand that in the event of the declaration being found to be incorrect at a later date or failure to inform ONGC within a month of taking up employment outside ONGC, I shall be liable to be debarred from availing medical facility under ONGC Post Retirement Medical Scheme.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**(Signature of retired employee)**

Shri/Smt. \_\_\_\_\_ signed the Declaration in my presence.

Signature of witness\* with official seal: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Official address: \_\_\_\_\_

\_\_\_\_\_  
(\*Executive of ONGC/ Nationalized bank/ CPSU)

