



No. AAI/Admn/Med/2020

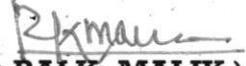
7th July, 2020

**ADMINISTRATIVE CIRCULAR**

**Sub: Life Certificate and Medical Option Form by the Ex-Employee/ Beneficiary**

In view of COVID-19 pandemic and on the request of retired officials, it has been decided that the retired/ separated officers/employees/ beneficiaries may submit their Life Certificate and Medical Option Form (scanned after filled in and signed with date) 'ON-LINE' at e-mail [kailashcs@aai.aero](mailto:kailashcs@aai.aero) with a copy to [tejram@aai.aero](mailto:tejram@aai.aero).

2. Scanned copy of both the forms are attached.

  
(CAPT: RAJ K. MALIK)  
EXECUTIVE DIRECTOR (ADMN./HR)

**Encl. :** As above

**All Retired/ Separated Officers/ Beneficiaries** (through web-site)

**GM (IT)** – to upload on AAI website.

**Copy to :-**

OSD to Member (HR)

ED (HR)-I

ED (FIN)

**Airports Authority of India**  
**Department OF Human Resource**

**Life Certificate**

**(To Be submitted in the month of April every year by the Ex-employee/Beneficiary)**

I, \_\_\_\_\_, ex-employee/spouse of the ex-employee (Late) Sh / Smt \_\_\_\_\_ certified that myself and admissible dependents, as mentioned below, are enrolled under the AAI Medical Policy as per details given below and are alive as on date.

1. Name of Admissible Dependent : \_\_\_\_\_ Relation : \_\_\_\_\_  
2. Name of Admissible Dependent : \_\_\_\_\_ Relation : \_\_\_\_\_  
3. Name of Admissible Dependent : \_\_\_\_\_ Relation : \_\_\_\_\_

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

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

Signature of the AAI Retired  
Official/\*Spouse/\*Admissible Dependent

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

Ex- Employee No : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*In case of death of an employee the form shall be signed by AAI employee's Spouse/admissible dependent.*

I, \_\_\_\_\_ hereby certify that Shri / Smt. \_\_\_\_\_ is alive as on date. I am fully satisfied about his/her identity.

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

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

Counter Signature of Authority (Stamped)

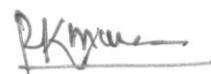
Name : \_\_\_\_\_

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

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: The above mentioned form should be counter signed by any of the below mentioned official:*

- I. Government Gazetted Officer
- II. Bank Branch Manager
- III. Doctor in Government Hospital
- IV. Doctor in any of the empaneled hospital of AAI
- V. Manager (E-3) and above level working officer of AAI who is not in blood relation of the retired official.





Form- B

# Airports Authority of India

## Life Certificate & Option Form for Reimbursement of Medical Claim for Superannuated/Separated Employees (as per AAI retired Medical Scheme)

1.	Name of Employee			
2.	Employee Number			
3.	Designation at Superannuation/Separation			
4.	Department			
5.	Present Residential Address			
6.	Date of Superannuation /Separation (Retirement/Death etc.)			
7.	Phone Number			
8.	Email Address			
9.	PAN Number			
10	Medical Reimbursement Option for Financial Year (_____)	<input type="checkbox"/> Scheme A OR <input type="checkbox"/> Scheme B (Tick One Option)		
11.	Dependent List			
SNO	Name of Dependent	Relationship	Date of Birth	Whether PWD (yes/no)

1. I certify that I and my admissible dependents (if any) are alive as on date.
2. I certify that the information furnished above is true to the best of my knowledge and that no information has been misrepresented.

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

(Signature)

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

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

**Note:** In case of death of an employee the form shall be signed by his/her spouse/admissible dependent.