



**NEW MANGALORE PORT AUTHORITY**  
**MEDICAL DEPARTMENT**  
**PANAMBUR, MANGALORE – 575 010**  
**Tele : 0824 – 2407948/2407413**  
**Extension: 0824-2887290/527 email : [emo@nmpt.gov.in](mailto:emo@nmpt.gov.in)**

**No.CMO/PH/DMI(P)/2024**

**18.07.2024**

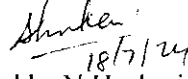
**OFFICE MEMORANDUM**

Sub : Details of the beneficiaries and Dependents for medical identity card- reg.

With reference to the subject matter, it is to inform that, NMPA Hospital is in the process of issuing Medical identity cards to all its pensioners and their dependents. In this regard, certain details of the beneficiaries are required. A format is enclosed which needs to be filled by the pensioners/family pensioners. Same needs to be scanned and submitted to the email [nmpadata@gmail.com](mailto:nmpadata@gmail.com) . Further, a scanned copy of the Adhaar for all the beneficiaries including dependents also needs to be attached in the mail.

In view of the above, the format is circulated to the Pensioners association, so that same can be circulated to the pensioners including family pensioners. The details needs to be submitted to the said email by 28.07.2024.

Further, in case of pensioners/family pensioners who are not able to submit the format and adhaar through email can also submit the same at the reception of NMPA Hospital by 27. 07. 2024.

  
(Dr Surekha N Hoskeri )  
Chief Medical Officer

To

The Pensioners Association, NMPA

Copy to PS to Chairperson /PS to Dy. Chairperson/PA to CVO for information



## Format for NMPA/RCHW Pensioners & Family Pensioners for Medical Smart Beneficiaries Card

**Name of the Pensioner/Family Pensioner:**

**Organization of Pensioner/Family Pensioner (NMPA/RCHW):**

**EC No of Pensioner/Family Pensioner:**

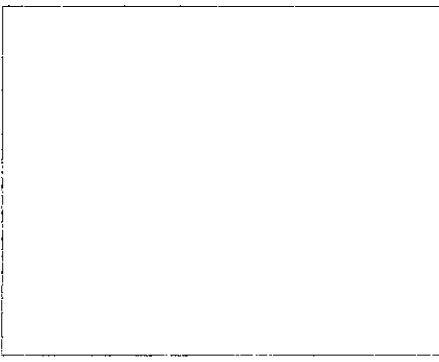
**PPO No:**

**MEC No:**

\* Consent for sharing Aadhar number to NMPA organisation for medical beneficiaries' identification purpose only and also providing consent for Aadhar validation by NMPA.

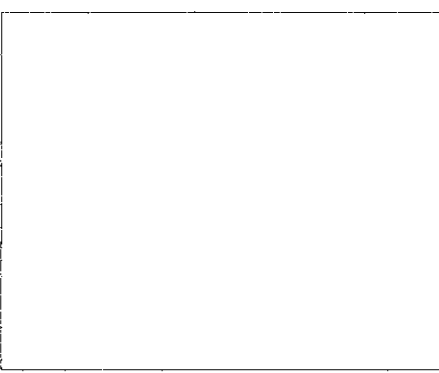
Sl. No	Name	Relationship with Employee	Date of Birth (DD/MM/YYYY) Format	Mobile No	Aadhaar No.	Blood Group	Signature (*)

**Photographs of Pensioners/Family Pensioners & Applicable Dependents**



Name:

Relationship: Self



Name:

Relationship:

**Note : Format and the Adhaar copies of all the beneficiaries to be scanned and sent to [nmpadata@gmail.com](mailto:nmpadata@gmail.com) .  
In case of pensioners unable to scan the document , they can submit the hard copies of the format and Adhaar at the reception ,  
NMPA Hospital**