

To,
The GM (HR) – In charge HR/ER,
ONGC Ahmedabad Asset,
Avani Bhavan, Chandkheda,
Ahmedabad-380 005.

Sub: - Revalidation of Medical Card.

Sir,

My medical Card (CPF no: -) may kindly be revalidated as per the details given below:

Sr No.	Name of Beneficiaries	Relation with Employee	Location where medical card issued	Validation w.e.f.

Date:-

Thanking you,

Yours faithfully,

Signature: _____

Name: _____

Designation: _____

CPF no: _____

Mobile No: _____