



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector-16C, Dwarka, New Delhi-110078

Form for Issue of University Medical Card

(See notes below before filling the form)

1. Name: _____
(In capital letters)
2. Father/Husband's Name: _____
3. Date of Birth: _____
4. Designation: _____
(Prefix 'Retd.', if superannuated)
5. Employee Code: _____
6. Date of Joining: _____
7. Pay: Range _____ Level/GP _____
8. Nature of Appointment Please Tick: (a) Regular (b) Contractual (c) Deputation
9. Posting (Department/School): _____
10. Validity of Card to be issued:
(a) Regular Employee: _____
(Date of Superannuation)
(b) Deputation/Contract Employee: _____
(Date of Deputation/Contract)
(c) Retired Employee: _____
(For a period of 5 years)
11. Permanent Residential Address: _____
(As Per Records)
12. Address for Correspondence: _____
(As Per Records)
13. Contact Details: (Res.) _____ (Mob.) _____
Email ID _____
14. Person to be contacted in Emergency: Name _____ Relation _____
Contact No. _____

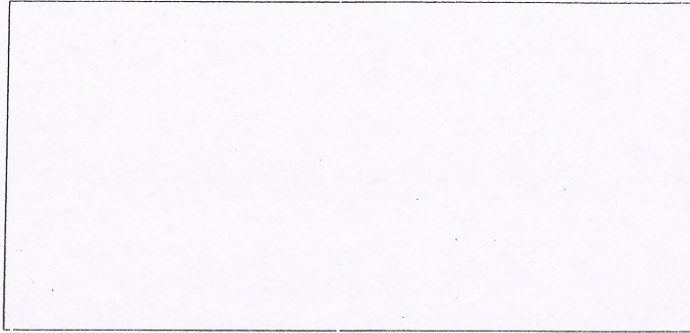
15. Details of dependent family members **"including self"** (please see definition of family before filling up this column):

Sl.No.	Name of dependent family members	Date of Birth/Age	Relation	Monthly Income, if any	Blood Group (Optional)

(*Dependency- The income limit for dependency of the family members (other than spouse) from all sources is not more than Rs.9,000/- plus the amount of Dearness Relief admissible on Rs.9,000/- on the date of consideration of the claims)

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16. Undertake all the family members, whose names are given above, are fully dependent upon me and are residing with me.
17. Paste below one recent group photograph of Family Members (size 3x2") and enclosed one same photograph for Medical Card.



18. I undertake to intimate the University if there is any change in dependency criteria of my family members. If I fail to intimate and if the University comes to know of the change then the medical card is liable to be withdrawn/cancelled and the University will be free to initiate any disciplinary action against me.
19. I undertake to surrender the Medical Card in case if I leave the University on Resignation /Retirement /Termination etc.
20. I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented. If any information is found wrong at any stage, I shall be held liable for the same.

Signature of the Employee
Designation

Notes:-

1. Concerned employee will submit the duly filled up form to personnel Branch for verification of the credentials and needful.
2. **Medical Card for Regular Employee will be prepared till the date of Superannuation and for Employee appointed on Deputation/Contract, Medical Card will be prepared upto the period of Deputation/Contract. Whereas, in case of "Retd Employee", Medical Card will be prepared for a period of 5 years only and will be renewed thereafter.**
3. For fresh appointment on Regular basis/Deputation/Contract, copy of appointment letter/other relevant documents issued by the University is required to be enclosed
4. In case of change of designation/promotion etc., copy of such relevant order is required to be enclosed, Besides, the previous Medical Card will have to be surrendered.
5. In case of change of dependency as per CGHS rules, proof of the same is required to be enclosed.
6. If the previous Medical Card is lost, concerned employee will submit a duly filled up fresh form to personnel Branch alongwith copy of FIR and a proof of depositing the requisite fee of Rs.200/- for further verification and needful.
7. The Retired Employee has to submit a Life Certificate in the enclosed format at annexure 'A' during the month of July every year in the Personnel Branch.

Verification by Personnel Branch:-

Certified that all endorsements as given above at Sl. No.1 to 13 are correct as per Personnel Branch records. Hence, Medical Card may be considered to be issued for the period mentioned at Sl.No.10 above in r/o the official concerned working in the University/Superannuated on dated _____ from the services of the University.

Date:

Signature In-charge Personnel Branch
(with date & seal)

Forwarded to GA Branch