



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16 C, DWARKA, NEW DELHI-110075

No.F.1(6)(23)/2012/Pers.-II

Dated the May, 2013

C I R C U L A R

Subject : Medical Card for the employees of the Guru Gobind Singh Indraprastha University.

Please find enclosed herewith following two forms, which are required to be issued for Medical Card to the employees of the University in order to avail the facility of medical treatment from the University's empanelled hospitals.

1. Declaration of Dependent Family Members.
2. Application for issue of Medical Card for the employees of the Guru Gobind Singh Indraprastha University.

All the employees of the University are therefore requested to submit aforesaid two forms alongwith desired information, duly signed by the employee concerned, to the Personnel Branch latest by 15.07.2013 for issue of Medical Cards.

(R. P. Kansal)
Incharge (Pers.)

No.F.1(6)(23)/2012/Pers.-II / 2855

Dated the ^{17 June} 17 May, 2013

Copy forwarded to the following for kind information and further circulation to concerned staff members :

1. All Deans, GGS Indraprastha University.
2. Controller of Finance, GGS Indraprastha University.
3. Controller of Examinations, GGS Indraprastha University.
4. All Directors, GGS Indraprastha University.
5. Librarian, GGS Indraprastha University.
6. OSD to the Hon'ble Vice Chancellor, GGS Indraprastha University.
7. All Joint Registrars/Dy. Registrars/ Assistant Registrars/ Finance Officers/ Superintending Engineer/ PRO, GGS Indraprastha University.
8. P.S. to the Registrar for kind information of the Registrar, GGS Indraprastha University.
9. Server Room Incharge for uploading the Circular alongwith the Forms on the University's website.
10. Notice Board.
11. Guard file.

(Kapil Kumar Sharma)
Section Officer (Pers.-II)



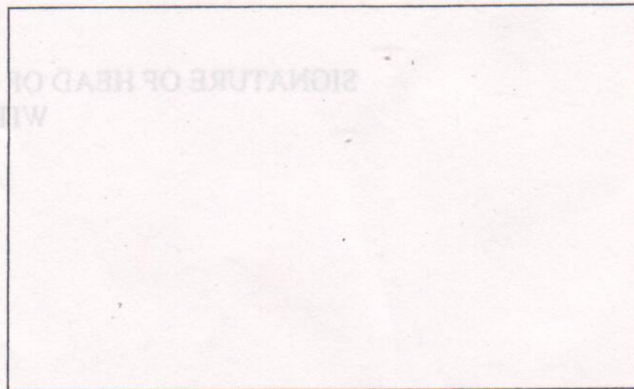
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
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DECLARATION OF DEPENDENT FAMILY MEMBERS :

1. Name of the University Employee : _____
2. Employee Code : _____
3. Designation : _____
4. Place of posting : _____
5. Date of Birth : _____
6. Date of Appointment : _____
7. Contact No. & E-mail ID : _____
8. Details of the members of my family as on : _____

S.No.	Name of the Family members	Date of Birth/ age	Relation with the official	Occupation/ monthly income, if any	Remarks
1	2	3	4	5	6
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

9. Past below a group photograph of your Family Members (Size 3x2") for records :



10. I declare/ undertake that :

- (a) The above named my family members are wholly dependant upon me and are also residing/ not residing with me.
- (b) That the income of above indicated each family members (other than spouse) from all sources including Pension/ Family Pension and Pension equivalent of DCRG is Rs.3,500/- (or less) plus the amount of Dearness Relief admissible on the Rs.3,500/-. **In this regard, an Affidavit is required to be submitted by the official/officer.**
- (c) My spouse is not in service. If in service, **a certificate or Joint Declaration Form duly attested by the Office of the spouse indicating, who will be preferring the claim, is required to be submitted by the Official/ officer.**
- (d) That my Father/ Mother/ Father-in-Law/ Mother-in-Law is/ are not a retired pensioner. If, yes, attached the income certificate for the amount of pension drawn by him/ them.
- (e) That any change in the list of Family members or in their dependency status will be intimated to the University.
- (f) That the above information furnished by me is correct and that no information has been concealed or misrepresented. If any information is found wrong at any stage, I shall be held liable for the same.
- (g) In case any verification is carried out by the University about the income of dependent members and the same is found incorrect/ false, a strict disciplinary action may be taken against me.

Place : _____

Date : _____

Signature of the Employee

SIGNATURE OF HEAD OF OFFICE
WITH SEAL



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16 C, DWARKA, NEW DELHI-110075

Application for issue of Medical Card to the employees of the Guru Gobind Singh Indraprastha University.

1. Name of Applicant/ employee -
2. Employee Code -
3. Date of joining -
4. Nature of appointment -
5. Designation -
6. Place of posting/ Department -
7. Pay Band with present pay -
8. Residential Address -
9. Contact No. & e-mail ID -
10. Date of Superannuation -
11. Whether on deputation and date of completion of deputation -
12. Details of Family including self (Please see definition of Family before filling up this column*) :

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

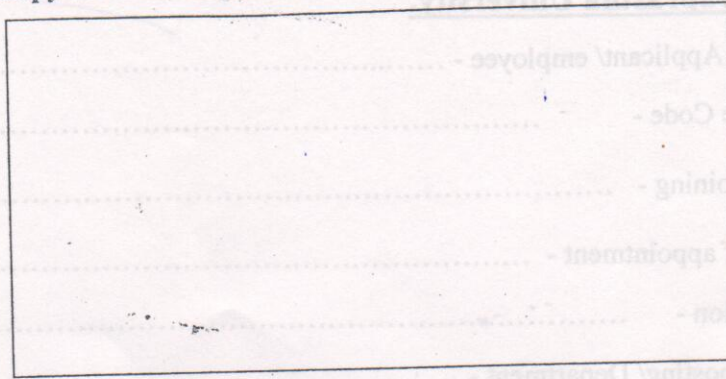
(* Dependency-The income limit for dependency of the family members (other than spouse) from all sources is Rs.3,500/- plus the amount of Dearness Relief admissible on Rs.3,500 on the date of consideration of the claims.)

13. I undertake that all the members, whose names are given above, are fully dependent upon me and are residing with me.

Contd. ... P-2



14. Paste below one ID Card Size of group photograph of Family Members (size 3x2") and enclose one copy for Medical Card.



15. 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 action against me.

16. I undertake to surrender the Medical Card on my leaving the University on Resignation/ Retirement/ Termination etc.

17. 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

Blood Group	Monthly Income (if any) (Optional)	Relation	Date of Birth / Age

(TO BE FILLED BY THE PERSONNEL DEPARTMENT)

The information furnished by the applicant has been verified from the records and found to be correct. It is recommended that a Medical Card be issued to Shri/ Ms.....
....., Designation working in this University.

Signature of Authority
Designation with Stamp

Date :

Forwarded to :

The Dy. Registrar (G.A.)
GGSIP University.