



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर  
Indian Institute of Technology Bhubaneswar

**Application for Medical Card**

1. Please tick on appropriate boxes: New card issue  Renewal/Replacement
2. Reason for Renewal/ Replacement: Validity Expiry  Designation / ward Entitlement Change
- Addition/Deletion of Family members  Lost  Others, please specify \_\_\_\_\_

**3. Employee Particulars:**

Particulars	To be filled by the employee
Employee Code, Name, Designation and Section of the employee	
Employment Type	Regular <input type="checkbox"/> Contract <input type="checkbox"/> Others (specify) _____
Pay Level and Basic Pay	Pay Level _____ Basic Pay _____
Present Residential Address with official email ID & Mobile No.	
Date of superannuation / Termination of Contract	
Is your spouse entitled to medical facility from other source than IIT Bhubaneswar?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach Joint Declaration Form)

**4. Details of eligible dependent family members (Please see the definition of family below and fill the dependent details accordingly).**

Sl.	Name of the Family member	Relationship with the employee	DOB	Occupation	Average Monthly Income from all Sources	Marital Status
1						
2						
3						
4						
5						
6						

**5. Definition of family**

- **Spouse:**
- **Son & Daughter:**
  - a) Unmarried Son till he starts earning or attains age of 25 years, whichever is earlier and son suffering from Permanent Disability irrespective of age limit.
  - b) Daughter till she starts earning or gets married whichever is earlier and widowed daughters and divorced/ separated daughters Irrespective of age limit.
- **Brother:** Minor brother(s)- Up to the age of becoming a major and permanent disabled brother - Irrespective of age limit.
- **Sister:** Sister(s) including unmarried/ divorced/ abandoned or separated from husband/ widowed sisters – irrespective of age limit.
- **Parents/ Parents in Law:** Either Parents or Parents in Laws but not both. Option exercised can be changed only once during entire service period.

6. Paste a joint colour photograph with clear background (5x7cm) of the family for whom the medical facility is being availed:



(Size 5 X 7 cm)

**7. Declaration**

- a) I hereby declare that the income from all sources of each of the above mentioned family member (other than spouse) does not exceed Rs. 9000/- plus amount of DA/DR thereon per month and are wholly dependent on me.
- b) I certify that the information furnished by me in this application are correct and that no information has been concealed or has been misrepresented and I stand by the same.
- c) I undertake to surrender the Medical Card on my leaving the institute on transfer/ retirement / termination / resignation / ceasing to be eligible for Medical benefits.
- d) I hereby submit that my original Medical card bearing No \_\_\_\_\_ is lost under following circumstances **(in case of loss of card only)**: \_\_\_\_\_ and I am depositing Rs 100/- (Rupees One Hundred only) into Institute Bank Account towards fee for issue of new card. I further undertake that in the event of retrieval of my lost card, I will surrender the same to Institute immediately.

- 8. Enclosure:**
- 1. Joint colour photograph 5x7 cm
  - 2. Copy of medical card (in case of reissue)
  - 3. Copy of fee Receipt for depositing Rs 100/- in Institute Bank Account (in case loss of card)

Date:

Place:

Signature of the Employee

**TO BE FILLED BY THE ESTT-I / ESTT-II SECTION**

The information furnished by the employee has been verified and found to be correct. The Medical Card may be issued as per the following:

- (a) Entitlement of ward (Please tick on appropriate)  
General ward (Basic Pay up to Rs. 36,500/-)   
Semi Private ward (Basic Pay between Rs.36501/- to 50,500/-)   
Private ward (Basic Pay above Rs. 50,500/-)

(b) Card No \_\_\_\_\_ Validity up to \_\_\_\_\_ (Date)

**Verified by**

**Recommended by**

Signature  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Date \_\_\_\_\_

Signature  
Name \_\_\_\_\_  
AR/DR (Estt) \_\_\_\_\_  
Date \_\_\_\_\_

**Approved by**

**Date:**

**(Registrar)**