



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:**
 - 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.
 - 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. 50,501/-)

(b) Card No_____ Validity up to _____ (Date)

Verified by

Signature _____
Name _____
Designation _____
Date _____

Recommended by

Signature _____
Name _____
AR/DR (Estt) _____
Date _____

Approved by

Date:

(Registrar)