



Indira Gandhi Delhi Technical University For Women
(Formerly Indira Gandhi Institute of Technology)
Kashmere Gate, Delhi-110006


No.F.3(114)/Admn/Agreement/FEH/2017/ 173

Dated:- 20/7/2018

ORDER

University is in the process of signing the MOU/Agreement with the DGEHS/CGHS empanelled Hospitals regarding providing the medical facilities of the employee of IGDTUW. All employees & their dependents would be issued with a Medical card for availing the Medical facilities. The form for issue of Medical card and Declaration of Dependent Family Members, is uploaded on website for the getting of benefit of Medical facility.

All the Regular Employees are requested to download the requisite forms and fill the form and submit to the Dean (Planning office) at the earliest. This order has been issued with the approval of the Competent Authority.

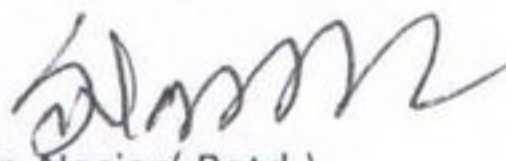

(Prof. R. K. Singh)
Registrar

No.F.3(114)/Admn/Agreement/FEH/2017 173

Dated:- 20/7/2018

Copy forwarded to the following for information and necessary action:-

1. PS to Pro. V.C., IGDTUW
2. PA to Registrar, IGDTUW
- ✓ 3. In charge (Web Server), IGDTUW for uploading the circular on University's website.
4. Guard File.


(Gp. Capt. Sudhir Nasir (Retd.)
Consultant (Plg.)
20/7/18

76/C



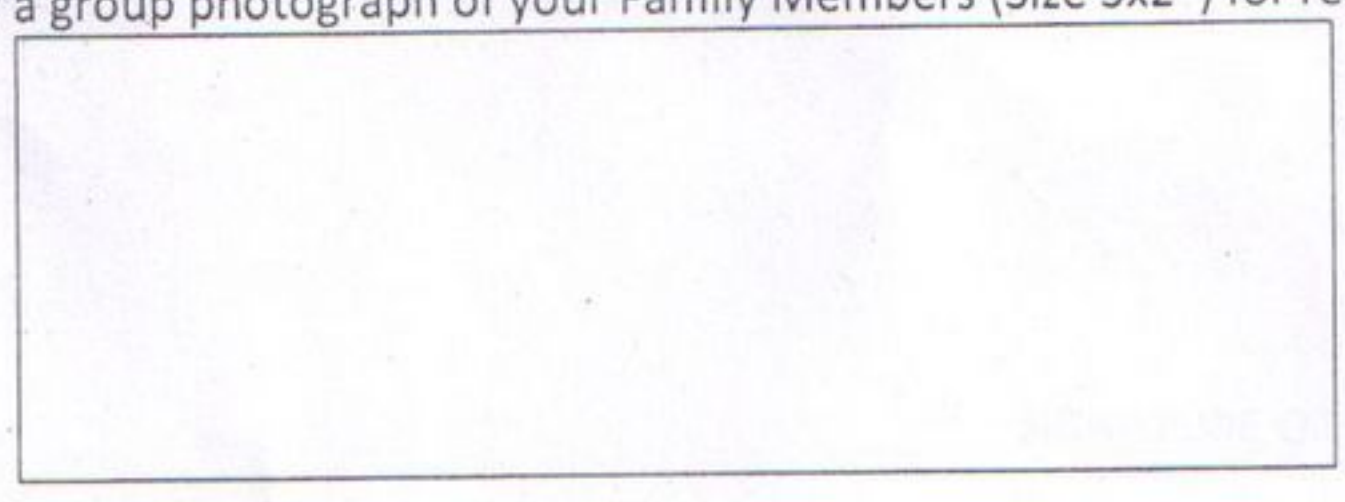
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi

DECLARATION OF DEPENDENT FAMILY MEMBERS

- 1. Name of Applicant/ 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. Date of the members of my family as - _____
on _____

	Sl. No.	Name of 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. Paste below a group photograph of your Family Members (Size 3x2") for records:



75/C

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
Designation

SIGNATURE OF HEAD OF OFFICE
WITH SEAL



Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi

Application for issue of Medical Card to the employees of the
Indira Gandhi Delhi Technical University for Women

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*):

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

13. I undertake that all the members, whose names are given above, are fully dependent upon me and are residing with me.
14. Paste below one ID Card Size of group photograph of Family Members (size 3x2") and enclose one copy for Medical Card.

77/C

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

(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:

Assistant Registrar (G.A.)
IGDTUW