



INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR

APPLICATION FOR MEDICAL CARD

Applying for New Medical Card

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(Please tick)

for New Card for replacement of Old Card / Card Lost / No.

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1. Name of the Applicant:

2. Category: Regular Contract Others (Pl. Specify)

3. Name of School / Section:

4. Designation

5. Pay Band Grade Pay / AGP Pay in the Pay Band

6. Official Address :

7. Residential Address:

8. Telephone Number : (O) (R) (M)

9. E-Mail ID

10. Date of Superannuation: -----/-----/-----
DD / MM / Year

11. Is your spouse entitled to Medical facility from other source than IIT Bhubaneswar: Yes / No

12. If yes, please furnish details

13. Details of Family

{*Please see definition of Family before filling up this column}

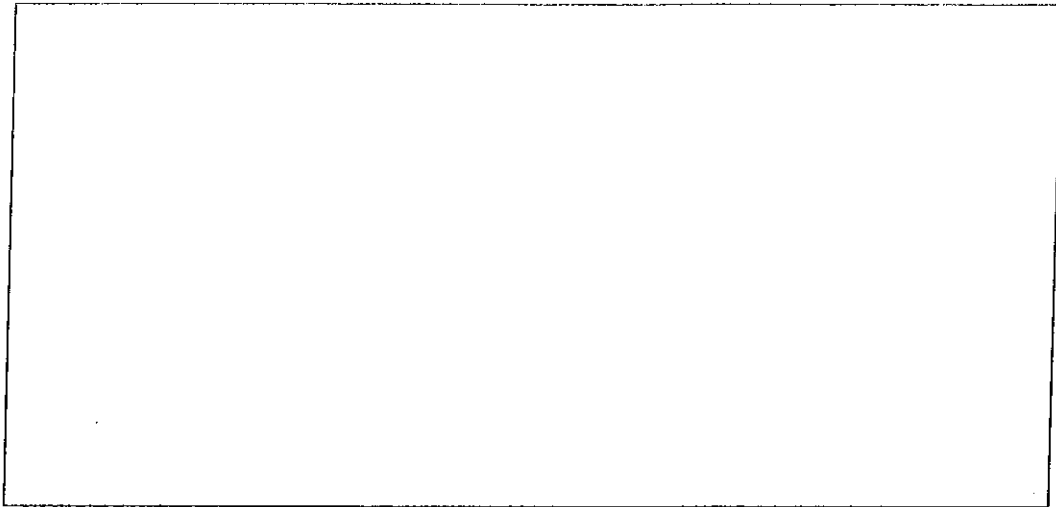
Sl. No.	Name of Family member	Relationship to Medical Card Holder*	Date of Birth#	Blood Group (optional)

{# Please attach Proof of age of Persons mentioned above}

(P.T.O)

14. Are all the persons whose names are given above are dependent upon you and are residing with you? Yes / No
{Please attach proof of their staying with you, like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc.,}

15. Paste a joint photograph of the family for whom the medical facility is being availed.



{Size 5X7 cm}

I Undertake to intimate to Institute immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the Institute comes to know of the change then the Institute Medical facility is liable to be withdrawn by the Institute and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the Medical Card(s) on my leaving the Institute on transfer; retirement; termination. Resignation; or on ceasing to be eligible for Medical benefits.

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 and I stand by the same.

**Encl. Proof of Residence / Stay of dependents
Proof of age of son / Disability certificate**

Signature of Applicant

(TO BE FILLED BY THE OFFICE)

The information furnished by the applicant has been verified and found to be correct. It is recommend that a Medical Card be issued to Shri /Smt./Kumari..... Designation
In the School / Section

No.
Date

Asst. Registrar (Estt.)
Designation (Stamp) with Tel. Number

Registrar