



JAWAHARLAL NEHRU UNIVERSITY

SC/ST CELL

TO BE SUBMITTED PERSONALLY
OR BY REGISTERED POST
(IN DUPLICATE)

The Registrar
Jawaharlal Nehru University
New Delhi-110067

SUB :- Admission to the Scheme under the Medical Attendance and Treatment Rules (1992) for the Retired University Employees and members of their families.

Sir,

In terms of Medical Attendance and Treatment Rules (1992) for the Retired University Employees and Members of their Families, I wish to enroll myself and member(s) of my family to avail of the benefits under these Rules for which I am eligible. I give below the requisite details :-

1. Name of the
 - * (a) Retired Employee (in capitals) :
 - * (b) Family Pensioner (in capitals) :
2. Retirement date :
3. Residential Address :
4. Last basic pay drawn preceding retirement :
5. * Retired employee's pension :
6. * Family Pension :
7. (a) Whether the Retired Employee is on Re-employment in the University : *Yes *No
- (b) If yes, Effective date of such re-employment :
8. (a) Whether the spouse of the Retired Employee is also a Retired Employee of the University : *Yes *No
- (b) If yes, the last *Pay drawn/*pension
9. Details of the beneficiaries including the retired employee

Name	Date of Birth	Relationship with the retired Employee/Family Pensioner	Income from all sources	Name of the Employer	Nature of Medical facilities/scheme available in service
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* NOTE : Members of Family include husband (or wife), and Children and parents wholly dependent on the retired employee.
 * Strike off if not applicable

P.T.O.

10. Contribution to be deducted on the basis of - *Last Pay Drawn/*Present Pension/*Family Pension

I DECLARE

1. (a) That I am not covered under (a), (b) & (c) of Rule 2.1.
(b) That the above-mentioned members of my family are wholly/mainly dependent on me and are residing with me at the residential address cited above.
(c) That I have surrendered my CGHS Card to the University.
2. That I will abide by the Rules and modifications made there to from time to time.
3. That I shall keep informed the University of any change in the status of dependency of my family members as well as change in my residential address as soon as it occurs.
4. That I shall deposit my contribution (if is not being deducted from Pension) by the 5th of April each year (on financial year basis) regularly failing which I may lose the benefits under the Scheme. I note that no Medical claim will be entertained if the payment on this account is in arrears.
5. That I also undertake to submit a declaration of my dependents by the 5th April each year.
6. I enclose two latest passport size photograph.
7. I declare that the information furnished above is correct.

Dated:

Signature of Retired Employee/
Family Pensioner

FOR USE IN THE ESTABLISHMENT SECTION, JNU

The Information Furnished against Column 1 to 9 is verified and is correct as per Service Record of the employee concerned.

Asstt./Dy. Registrar

FOR USE IN THE SC/ST CELL

Shri/Smt./Dr./Prof. _____ is eligible/ineligible to receive benefits under the above Rules.

ASSISTANT

SECTION OFFICER

DY. REGISTRAR

* Strike off if not applicable.

OPTION FORM

In terms of amendment to Clause 6.3 of Medical Attendance and Treatment Rules 1992 for retired University employees, amended by the Executive Council Resolution No. 6.12 dated 10.7.2009 as given below:

Those covered under the Scheme, may opt to pay the contribution annually or on one* Time payment basis. Those opting for one-time payment shall pay the contribution in advance for ten years, i.e. equal to ten times of annual contribution and the medical identity card valid for whole life will be issued.

- A. Provided those who are already retired & have made payment say for three years, and opting for one-time payment, shall be required to contribute proportionate of remaining seven years.
- B. Provided, however, those who have already contributed for 10 years after retirement they will be issued Medical Identity Card valid for whole life without any further contribution.
- C. Provided further that a member of the family shown in the Medical Identity card shall not be provided any medical facility w.e.f. the date such member cease to be dependent on the card holder as per definition of "Family",

In view of the above said amendment to Clause 6.3, I hereby opt for the scheme;

- (a) For the period of _____ to _____ paying the contribution annually for one financial year.
or
- (b) On one-time payment basis for Life-Time Valid.

At present the details of the dependent family members are as under;

S.NO.	Name	D.O.B./AGE	RELATIONSHIP

Dated:

Signature:

Name: _____

Date of Retirement: _____

Address: _____

Phone No.. _____