APPLICATION FOR ADMISSION TO INDIAN INSTITUTE OF TECHNOLOGY (ISM), HEALTH SCHEME FOR RETIRED EMPLOYEES/FAMILY PENSIONERS

To
The Registrar,
Indian Institute of Technology (ISM),
Dhanbad-826004

Sir,

In response to Office Notification No.10202/113.13/1/2000 dated 27.6.2000, I opt for IIT(ISM), Health Scheme for Retired employees/family pensioners w.e.f.....forgoing my Medical Allowance for Rs.1000/- per month. I understand that by exercising this option, I/we can avail Medical facilities for IIT (ISM), Health Centre/Govt. Hospitals as per rules. However, in case of discontinuation of the same I shall not be entitled to get any Medical allowance or Medical re-imbursement.

I, alongwith my spouse, whose particular is given at SL. No. 5 may please be admitted to IIT (ISM), Health Scheme on payment of subscription on the basis of last pay/Revised Notional pay. My particulars are as under :-

1. Name of the Retired employee :

2. Residential Address :

3. In case the applicant is the Pensioner/CPF beneficiary
   (a) Date of Retirement :

   (b) Department /Office :

   (c) Post held at the time of retirement :

   (d) Last Pay/Revised Notional Pay as on 1-1-2016

   Or Revised last pay on or after 1-1-2016

   (e) Gross Pension, it fixed :

   (f) P.P.O. No.

   (g) Whether retired on CPF, If so give CPF A/c. No. :

   (h) Whether Govt. or Society's optee
   for retirement benefits :

(i) Name & address of the banker through
Whom pension is drawn :

4. In case the applicant is a family pensioner ;

(a) Name of the deceased IIT (ISM) employee :

(b) Date of death of the deceased IIT (ISM) employee :

(c) Department/office in which the deceased IIT (ISM) employee

Served, last post held :

(d) Last Pay/Revised Notional Pay of the deceased IIT (ISM) employee :
as on 1-1-2006 or Revised last pay on or after 1-1-2016

(e) Relations of applicant with the deceased IIT (SM) employee :

(f) Amount of Family Pension :-

At enhanced rate (Please also specify
The date upto which enhanced Family
Pension is admissible)
At Ordinary rate :

(g) P.P.O. No. :

(h) Name and address of the Banker
Through whom pension is drawn :

(i) Whether Govt. optee or Society's optee
for retirement benefits :

(j) Whether retired on CPF. If so, give CPF A/c. No. :

5. Details of dependent family members :

SL. NO.	NAME	DATE OF BIRTH	RELATIONSHIP
1.			

I will abide by the rules and regulations and modifications of the services which may be issued from time to time.

I will deposit my contribution from the month of .....till the end of June/December of the calendar year as the case may be or lumpsum amount equal to 10 years contribution in advance.

I wish to avail of treatment the same level as on the date of my/husband's retirement. I wish to avail of IIT (ISM), Health facilities on the basis of Last Pay/Revised Notional pay.

I solemnly affirm that, I am and my spouse whose names are given below are residing in .....
(address)

I hereby undertake to surrender the IIT (ISM), Health Card issued to me if not required. In case the card is not surrendered before the expiry of validity period and card is retained by me if no facility is availed, I undertake to pay the contribution for the intervening period.

My wife/husband is not drawing such facilities from any other organization.

TO BE ATTESTED BY NOTARY PUBLIC
OR IIT (ISM) OFFICER NOT BELOW THE RANK
OF LECTURER OR EQUIVALENT POST.

SIGNATURE OF APPLICANT

STAMP

NOTE :

Please enclose the following :

(i) Three Passport size joint photographs for self and spouse. In case of family pensioners only self photograph.
(ii) Last Pay Drawn Certificate in original.
(iii) Money Receipt for payment of contribution and Registration fees.

SELF DECLARATION

(For dependents of pensioners)

I, Mr./Miss._____Son/Daughter of _____, Ex-_____hereby declare that:

1.My date of birth is_____and an attested birth certificate is enclosed.

2. I am married/unmarried, and copy of my Aadhar card is enclosed.

3. i) I am unemployed

ii) I am employed with_____(organization) as _____(designation) at_____(place) w.e.f._____(date of start of employment).

4. My monthly income is Rs._____.

5. I am totally dependent on my father/mother who is a pensioner/family pensioner of IIT (ISM), Dhanbad.

Signature with date of the dependent_____

Full Name of the dependent_____

Signature with date of the pensioner/family pensioner_____

Name of the pensioner/family pensioner_____

Address:_____

_____

_____

Ph./Mobile No. _____

Email_____

UNDERTAKING

[For availing medical benefits for dependent family member(s)]

I, Mr. / Ms._____, (Designation)_____ currently working in_____(Department / Section) at IIT(ISM), Dhanbad do hereby declare that:-

*Any of my dependent family members not receiving any medical benefits/financial benefits including scholarships/fellowships from schools, colleges, government organisations etc.

OR

* The following dependent family member(s) is/are receiving Medical benefits/ financial benefits including scholarships/fellowships from schools, colleges, government organisations etc. and the details of the same are given below:

Sl. No.	Name of the dependent family member(s)	Relationship with the employee	Details of Financial Benefit/ Medical benefits receiving	Amount per month (if any)

[* strike off, whichever is not applicable]

Signature_____

Name:_____

Emp. Code:_____

Date:_____

Place:_____