

**VISVA-BHARATI
SANTINIKETAN**



NOTIFICATION

This is to notify for information of all concerned that the procedure noted below shall be followed for issuing Medical Cards to the employees of the University:

1. Medical Card Application Form shall be uploaded in the University website.
2. Employees of the University will use downloaded Application Form submit the duly filled in Form with their recent photographs to the Establishment Section. The Establishment Section shall forward it to the Chief Medical Officer, P. M. Hospital (after verification) for issuance of Medical Cards.

Memo No: CPS/486/2024-25

Date: 05/08/2024

Registrar (Acting)
Visva-Bharati

कुलसचिव/Registrar(Acting)
विश्वभारती/Visva-Bharati

Copy forwarded for information & necessary action to:

1. All Heads of Academic/Administrative Departments/Sections/Centres/Offices
2. Chief Medical Officer, P. M. Hospital
3. Deputy Registrar, Establishment Section
4. Joint Registrar-cum-CS to Vice-Chancellor
5. P.A. to Registrar
6. University Webmaster with a request to upload the Notification in the University website.

VISVA-BHARATI

STATEMENT INDICATING DETAILS OF FAMILY MEMBERS FOR MEDICAL CARD

1. Name of the Employee (In BLOCK LETTERS) : _____
2. Designation & date of Joining to the University : _____
3. Department : _____
4. Details of the members of family as on : _____

SL. No.	Name of the members of family	Date of birth by Christian era	Relationship with the employee	Remarks
1.				
2.				
3.				
4.				
5.				
6.				

1. Are your family members wholly Dependent on you? State details _____
2. (a) State the number of earning Members of your family, if any give details _____
(b) State the amount of total income of your family and its source. _____
3. If any member of the family is employed anywhere, wherein the family member is in receipt of:
- | | |
|----------------------------|--------|
| 1. Medical facilities | Yes/No |
| 2. Fixed medical allowance | Yes/No |
| 3. Medical re-imburement | Yes/No |

I declare that the above particular are true and correct to the best of my knowledge and belief.

Place:

Signature of the Employee
ID No.

Date:

Counter signature of the Head of the
Department/Office/Section with seal

NOTE : Definitions of :- 'Family' means an employee's

- a. Spouse and (2) Parents, sister, widowed sister, residing with and wholly dependent on him/her (provided their father is either not alive or is himself wholly dependent on the employee; widowed daughter, minor brother(s) and children provided their income from all sources does not exceed Rs. 3500.00 per month

How to apply:-

- i) Form should be duly recommended by the HOD/Adhyaksha of respective Department/ Bhavana of Visva-Bharati.
- ii) Verification of the form by the Establishment Section - I (Personal File Section).
- iii) After the verification two Photocopies (Xerox) of the form are required.
- iv) The Appointment Letter, Joining Circular, and Confirmation Letter are to be enclosed.
- v) Family members: son (below 25 of years are or starts earning whichever is earlier); daughter/ sister (unmarried); minor brother (below 18 years of age) - in all these cases age proof certificates to be produced.
- vi) Family members (Father, mother, sister, minor brother) if wholly dependent on the employee - wholly dependence certificate from B.D.O/ S.D.O/ Municipal Commissioner of Municipal Corporation or Local Self Government Authority (Gram Panchyat Pradhan/ Chairman, Municipality; Mayor/ Borough Chairman of Municipal Corporation) are to be required.