



# CENTRAL SANSKRIT UNIVERSITY

(Established by an Act of Parliament)

New Delhi-110058

## APPLICATION FORM FOR ISSUE OF MEDICAL IDENTITY CARD FOR IN-SERVICE EMPLOYEES

(Note: Please read the instructions at Page 5 before filling up this Form)

1. Name of the Applicant & Adhaar Card No. : \_\_\_\_\_  
\_\_\_\_\_
2. Category (Tick) : (a) In-Service Employee ☐  
(b) Person appointed on Deputation/ ☐  
Contract basis against permanent  
/ Tenure post
3. Name of the Campus/ Office : \_\_\_\_\_  
where presently posted
4. Designation : \_\_\_\_\_
5. Pay Level and Basic Pay : \_\_\_\_\_  
\_\_\_\_\_
6. Employee Samarth ID : \_\_\_\_\_
7. Whether covered under GPF/ NPS : \_\_\_\_\_
8. Official Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Residential Address : \_\_\_\_\_  
(proof of address to be provided) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Mobile Number: : \_\_\_\_\_
11. E-Mail ID : \_\_\_\_\_
12. Date of Superannuation : \_\_\_\_/\_\_\_\_/\_\_\_\_ (write in DD/MM/YYY format)



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13. Are you on Deputation/  
Foreign Service Terms in  
the services of university :

14. If yes, likely completion of  
Deputation/ Foreign Service :

15. Are your services transferable  
to other Campuses/ Cities :

16. Details of Family (Please see definition of Family at page 5 before filling up this column)

S. No.	Name of Family Member	Relationship to the Medical Identity Card Holder	Date of Birth* (Compulsory)	Blood Group (optional)
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				

(\*Please attach proof of age in case of sons)

17. Are all the people whose names are given above dependent upon you? \_\_\_\_\_  
(Yes/No). The dependency and income criteria are given at Page no. 5.  
(please attach copy Aadhar Card of each dependent family member)



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18. Paste One Passport Size Photograph of each member of family (including self) whose names are proposed to be included as part of your Family in the space given below and mention their Sl. No. and Name as filled in the table at point no. 16.

Sl. No. Name	Sl. No. Name	Sl. No. Name
Sl. No. Name	Sl. No. Name	Sl. No. Name
Sl. No. Name	Sl. No. Name	Sl. No. Name

(Signature of the applicant)

Date:

Place:



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## UNDERTAKING BY THE APPLICANT

1. That I undertake to intimate to Central Sanskrit University, Delhi 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 University comes to know of the change, then the Medical Facility is liable to be withdrawn by the University and appropriate authorities will be free to initiate disciplinary/penal action against me.
2. That I will abide by the Rules and Modifications made there from time to time.
3. I Undertake to surrender the Medical Identity Card on my leaving the services of the University on termination, resignation or on ceasing to be eligible for Medical Facility.
4. I certify that the information furnished by me in this application form has been verified to be correct and that no information has been concealed or has been misrepresented, and I stand by the same.

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### FOR USE IN ADMINISTRATION SECTION ONLY

The information furnished by the applicant has been verified and found to be correct. It is recommended that a Medical Identity Card to be issued to Shri/Smt./Dr./Prof.\_\_\_\_\_, Designation \_\_\_\_\_ posted in \_\_\_\_\_ (Name of the Campus/ HQ Office). Instructions are issued to the concerned Finance Section of Campus/ HQ Office to start deducting Medical Contribution Subscriptions every month from the salary of the applicant. The Ward Entitlement of Beneficiary is **General** ( ) / **Semi-Private** ( ) / **Private** ( ).

(L.D.C./ U.D.C)

(Assistant)

(Section Officer)

(Assistant Director/ Deputy Director)

(Registrar/Director of the Campus)



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## INSTRUCTIONS

### Definition of Family: -

- (1) The term 'Family' as per CS (MA) Rules, 1944 shall mean a Government Servant's wife or husband, as the case may be, and parents or parents-in-law, sisters, widowed sisters, widowed daughters, minor brothers, children, stepchildren, divorced/ separated daughters and stepmother wholly dependent upon the Government Servant and are normally residing with the Government servant.
- (2) The residential condition for members of families of a government servant having been waived, family members may have medical attendance and treatment even if they do not stay with the employee.
- (3) **The Age Limit of dependent family members are as follows: -**

Son	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.
Daughter	Till she starts earning or get married, irrespective of age limit whichever is earlier
Son suffering from any permanent <b>disability*</b> of any kind (physical or mental)	Irrespective of age limit
Dependent divorced/abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced/ abandoned or separated from their husband/ widowed sisters	Irrespective of age limit
Minor Brother(s)	Up to the age of becoming a major
Permanently disabled dependent brother	Irrespective of age limit

*\*Disability means blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation, mental illness.*

- (4) The income limit for dependency for the purpose of providing medical attendance facility is **Rs. 9000/- plus the amount of Dearness Relief** as on the date of consideration.
- (5) The term '**children**' will include children adopted legally. It will also include children taken as wards by the Government servant under the "Guardians and Wards Act, 1890", provided such a ward lives with the Government servant and is treated as a members of the family and provided the government servant through a special will, has given such a ward the same status as that of a natural born child.

**(6) The beneficiary is required to submit following certifications regarding: -**

- The marital status in respect of his unmarried son and daughter (on six-monthly basis and preferably by 10<sup>th</sup> of October every year).
- The job status in respect of his son, daughter and dependent parents (on yearly basis and preferably by 10<sup>th</sup> of April every year).
- The job status of his permanent disabled dependent son or dependent brother (on yearly basis and preferably by 10<sup>th</sup> of April every year).

**The reimbursement of subsequent medical claims shall be subject to the submission of such certificates.**

**(7) Documents required to be enclosed with the application form: -**

- (a) Proof of Age of Son (in case son is dependent)
- (b) Self-Attested copy of disability certificate issued by Medical Board of a Government Hospital (in case of dependent son aged 25 and above or permanently disabled minor brother)
- (c) Pay Slip of serving employee
- (d) Address proof
- (e) Documents proving dependency of family members (wherever applicable)
- (f) Copy of ID Proof of dependent family members (Passport, Voter ID Card, Aadhar Card etc.)