



**CENTRAL SANSKRIT UNIVERSITY**  
(Established by an Act of Parliament)  
New Delhi-110058

**(OPTION FORM FOR AVAILING MEDICAL FACILITIES  
UNDER MEDICAL ATTENDANCE RULES)**

**CATEGORY: RETIRED EMPLOYEES OF CENTRAL SANSKRIT UNIVERSITY, DELHI**

**PART-A**

I hereby opt medical facilities under medical attendance rules of Central Sanskrit University, Delhi as under: -

- a) Those covered by the scheme may opt to pay the contribution or 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.
- I. Provided, those who have opted and contributed for 10 years after retirement, they will be issued Medical Identity Card valid for whole life without any further contribution
- II. 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 ceased to be dependent on the card holder as per definition of "Family"

**OR**

- b) For the period of one year from ..... to..... by paying the contribution annually for one financial year.

**Note: -Either (a) or (b) above to be opted by tick marking.**

**At present the details of the dependent family members are as under: -**

<b>Sl. No.</b>	<b>NAME</b>	<b>D.O.B./ AGE</b>	<b>RELATIONSHIP</b>

**PART-B**

Following details is mandatorily required to be filled by the Retired Employees of Central Sanskrit University, Delhi in Capital Letters: -

S. No.	Details	To be filled by the retired employee
01	Name of the Retired Employee	
02	Designation at the time of the retirement on Superannuation or VRS or Death of the retired personnel	
03	Date of Retirement/ Date of VRS/ Date of Death	
04	Basic pay and Pay Level at the time of Retirement/ VRS/ Death	
05	PPO Number (copy to be enclosed)	
06	Whether covered under GPF or NPS Scheme	
07	Name of the Campus from where retired (In case of retirement from Headquarters Office of the University, please write Headquarters Office)	
08	Whether in receipt of Fixed Medical Allowance from the University (FMA) [Yes/ No]	
09	Residential Address (proof to be enclosed)	
10	Name of the nearest Campus/ Office of Central Sanskrit University, Delhi where he/she opt for issue of new Medical Identity Card and reimbursement of claims.	
11	Spouse Details (if in service or retired from Central/ State Government Department/ Autonomous Bodies/ PSU/ Banks/ Private Organization or in any campuses or HQ Office of Central Sanskrit University, Delhi) [if applicable]	
	(a) Name	
	(b) Working/ Retired	
	(c) Department Name	
	(d) Whether spouse availing medical facilities or in receipt of Fixed Medical Allowance from his/her department:	
	(e) If not, attach joint declaration (in the prescribed format) duly countersigned or NOC by the concerned authority of his/her spouse's department.	

S. No.	Details	To be filled by the retired employee
12	Medical Contribution (amount) payment details [Demand Draft/ On-line Transaction- Transaction ID/UTR No./ Name of the Bank etc.]	
13	Whether Application form for issue of new Medical Identity Card duly signed by the beneficiary [Form-4] is enclosed.	Yes/ No
14	Self-attested copy of Aadhar Card in respect of all the family members	
15	Mobile Number	
16	E-Mail Id	
17	Any Other information	

### DECLARATION

1. The above information is true and correct to the best of my knowledge and nothing has been concealed therefrom. I further declare that I have opted for Medical Reimbursement Facility as per the Medical Attendance Rules of the Central Sanskrit University, Delhi instead of Fixed Medical Allowance (FMA). In future, if the rates of medical contributions as applicable are revised by the Government of India, I will pay the increased amount of contribution for availing the medical facility.

Encl: as above.

(Signature of the Retired Employee)

For Office Use Only

(To be verified by the Administration Section of HQ Office/ Campus)

The above information in respect of Shri/Smt. /Dr. /Prof. \_\_\_\_\_  
 Designation \_\_\_\_\_ has personally been checked from the service records and documents submitted by the concerned. The information filled in by the applicant is found correct. Shri/ Smt./ Dr. /Prof.\_\_\_\_\_ and his / her dependent family members as mentioned above are eligible for Medical Facility of Central Sanskrit University, Delhi. The amount of Rs. ..... has been received from the retired employee and 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 Campus)