

مولانا آزاد نیشنل اردو یونیورسٹی
MAULANA AZAD NATIONAL URDU UNIVERSITY
(A Central University established by an Act of Parliament in 1998)
(Accredited "A" Grade by NAAC)



PROFORMA FOR HEALTH CARD

*Please tick any one

- I. For issue of New Health Card (First time)
II. Health Card in case of Loss / Damage / Up gradation etc.
III Health Card for Pensioners

TO BE FILLED IN BLOCK LETTERS ONLY

1. Name :
2. Father's / Husband's Name :
3. Designation :
4. ID Card No :
5. Place of Posting / Department :
6. Date of Joining :
7. Date of Initial Joining :
8. Date of Superannuation/End of tenure:
9. Present Pay Level :
10. Last Pay (in case of Pensioners) :
11. Type of Appointment: Regular/Tenure/Lien/Deputation (Please specify) _____
12. Date of Birth: _____ 13. Blood Group: _____
14. Contact No: _____ 15. E-Mail: _____
16. Residential Address: _____

17. Are you on Deputation in MANUU from other Organization:

18. If Yes, Date of completion of Deputation:

19. Details of Family:

(Please see definition of family before filling up this column carefully & attach proof of age)

Sl.No.	Name of Family Member	Relationship	Date of Birth	Age as on	Blood Group	Marital Status (in case of Brother & Sister)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

20. Are all the persons whose names are mentioned in the column No.19 are Dependants upon you? In case brother & sister age, marital status should be mentioned

(Yes/No)

(Please attach proof of their dependency with you, like copy of Ration Card/Election ID/ Passport/Aadhaar Card/Identity Card issued by College/School/University/Bank Passbook etc.)

21. Are all the Persons, whose name are mentioned in column No.19 are Residing with you?

(Yes/No)

If not, place of their Residence: _____

22. Enclose one group photograph (POST CARD SIZE) of the applicant with all dependants whose name are proposed to be included as part of the family.

UNDERTAKING

I undertake to intimate to the university immediately, if there is any change in dependency criteria of my family members including 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 If I fail to intimate and if the university comes to know of the change then the medical facility is liable to be withdrawn by the university and the university and appropriate authority will be free to initiate action against me.

I undertake to surrender the Health Card (s) on my leaving the university on transfer, retirement, termination, resignation or on ceasing to be eligible for medical benefits.

I certify that the information furnished by me in this application is correct and that no information has been concealed or has been misrepresented and I stand by the same.

Encls:-

- (i) Proof of dependency
- (ii) Proof of age of dependents/son/disability certificate (if applicable)
- (iii) Surrender Certificate of Health Card/CGHS card while in service(if applicable)
- (iv) Attested copies of PPO & last pay certificates (if applicable)
- (v) Group photograph of the applications with all dependents (Post Card Size)

I Prof./Dr./Mr./Mrs.....agree to deduct cost / price of the printing of my Health Card from my salary.

Date:.....

Signature of the Applicant

(To be filled by ER-I / ER-II Section)

The information furnished by the applicant has been verified from the office records and found correct. It is recommended that the Health Card may be issued to Prof./Dr./Mr./Mrs. _____

Designation _____ Dept./CTE/Section/Polytechnic/Center/
Model School _____ in this University.

Dealing Assistant

Section Officer/A.R.

Section Head