मौलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी مولانا آزاد نیشنل اُردو یونیورسٹی
MAULANA AZAD NATIONAL URDU UNIVERSITY
(A Central University established by an Act of Parliament in 1998)
(Accredited "A+" Grade by NAAC)

Dr. Shehbaz Ahmed
Finance Officer

No. MANUU/S&PC - F&A/2026-27/ 140

6th August 2026

CIRCULAR

Maulana Azad National Urdu University is pleased to announce that during the tenure of Hon'ble Vice Chancellor – Prof. Syed Ainul Hasan, the University has successfully secured Corporate Social Responsibility based Group Medical Insurance Coverage of Contractual staff of MANUU Headquarters with Indian Overseas Bank, Gachibowli Branch.

Under this health insurance scheme, 50% of annual premium will be borne by Indian Overseas Bank and remaining 50% premium amount will be paid by concerned contractual staff to enable comprehensive health cover of approx. Rs. 4.0 lakhs.

Contractual staff working in the Headquarters are hereby requested to :

- Read insurance scheme details and premium sharing arrangements.
- Those who doesn't have account in IOB, MANUU, Gachibowli, are requested to open a Savings Bank Account in the Indian Overseas Bank, Gachibowli (MANUU Campus) branch at the earliest.
- Fill the Consent Form for availing the said Health Insurance Scheme of Niva Bupa Health Insurance and submit at Finance & Accounts Section of MANUU (Consent Form attached).

Contractual staff of MANUU Headquarters may contact Finance & Accounts Section for clarifications & details, if any.

FINANCE OFFICER

Copy to the following with a request to inform / circulation among Contractual Staff of MANUU **Headquarters** – Hyderabad Only:

1. Peshis of Hon'ble Vice Chancellor & Registrar
2. The Controller of Examinations
3. The Director, DDE
4. The Principals of CTS / Polytechnic / ITI
5. All The Deans of Faculties
6. All the HoDs of Departments
7. All the Section Heads
8. The Director, CIT for uploading the circular in the MANUU's website

MAULANA AZAD NATIONAL URDU UNIVERSITY, HYDERABAD

Consent Form for availing the Health Insurance Scheme of Niva Bupa Health Insurance – Indian Overseas Bank, Gachibowli, Hyderabad

I, ... S/o .....

Resident of (Address) .....

.....

Aadhar No. ..... Hereby submit that presently I am working as ..... in the Section / Department ..... and hereby giving consent that I have read the terms, conditions, insurance coverage and premium details of Health Insurance Scheme of Niva Bupa Health Insurance and I adhere the terms & conditions and also would like to join the said Health Insurance Scheme

Signature : .....

Name of Contractual Staff : .....

Mobile Number .....

Email .....