

APPLICATION FOR NIOS MEDICAL CARD

Applying for **New Medical Card**

New Medical Card No. (to be filled by NIOS)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Applying for New Card to **replace old card**

Existing Medical Card No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

1. Name of the Applicant:

2. Category

In-

service

Retired

3. Name of Department / Regional Centre

4. Designation

5. Pay Level (As per 7th CPC) Present Pay.....

6. Last Pay (in case of Retirees):.....

7. Office Address:

.....

8. Residential Address:

.....

9. Telephone Number: (O)(R) (M)

10. e-mail ID

11. Date of Superannuation:/...../..... Date / Month /Year

12. Are you on Deputation (Central Deputation) (Yes/No)

13. If yes, likely completion of Deputation:/...../..... Date / Month /Year

14. Details of dependent Family members (* Please see definition of Family before filling up this column)

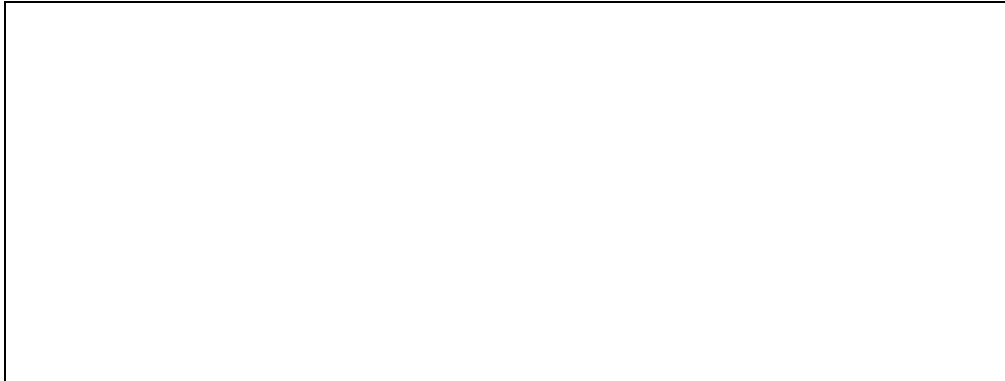
| S.No. | Name of dependent Family member(s) | Relationship with the Card Holder* | Aadhaar No. (Compulsory) | Date of Birth# (compulsory) | Blood Group (optional) |
|-------|------------------------------------|------------------------------------|--------------------------|-----------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(# Please attach Proof of age of in case of sons/daughters etc.)

15. Are all the persons whose names are given above are dependent on you and all are residing with you?..... (Yes/No)

(Please attach proof of their staying with you, like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc.)

16. Paste one ID Card size **Family Photograph** of all dependent Family members (including self) whose names are proposed to be included as part of your family in the space given below.



I Undertake to intimate to NIOS 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 If I fail to intimate and if the NIOS comes to know of the change then NIOS Medical facility is liable to be withdrawn and the Secretary / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the Medical Card on my leaving NIOS on retirement; termination; Resignation; or on ceasing to be eligible for NIOS Medical benefits.

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

- Encl: 1) Proof of Residence/Stay of Dependents
2) Proof of Age of Son/daughter etc.
3) Disability Certificate

(Signature of Applicant)