****

**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)