

HEALTH UNIT

IITD/CDN/2017/35581
April 07, 2017
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Sub: Revalidation of the medical booklets of Retired Employees and the dependents of serving employees-reg.

Revalidation of the medical booklets already issued to Retired Employees and the dependents of serving employees, as applicable, will be done directly on the system as follows with immediate effect:

1. Retired employees & their eligible dependents:

Till 30th June, 2017

The case of death of any retired employee or his/her dependent(s), the same will be informed to the concerned Establishment Section of the Institute/Health Unit by the concerned retired employee or his/her family members for deletion of their names from the system. The retired employees are requested to kindly get the medical booklets revalidated manually from the Health Unit, CDN Section, whenever they visit the Institute/IIT Hospital next time. All retired employees are requested to kindly submit the declaration form duly filled by 30.06.2017. After submission of declaration, such medical booklets will be revalidated for a period up to 31st March, 2018. If declaration is not submitted by the said date, the medical booklets will not be valid and will be revalidated and made active only after submission of declaration on case to case basis. A copy of the declaration form is enclosed. All other rules as notified by the Institute from time to time will be followed.

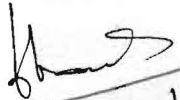

2. Eligible dependent Children (of age>18 years) and parents of serving employees as per rules:

Till 30th June, 2017

All serving employees are requested to submit the declaration for their children (of age>18 years) and parents to the Health Unit through their concerned Establishment Section before 30th June, 2017. After submission of declaration, such medical booklets will be revalidated for a period up to 31st March, 2018. If declaration is not submitted by the said date, the medical booklets will not be valid and will be revalidated and made active only after submission of declaration on case to case basis. A copy of the declaration form is enclosed. All other rules as notified by the Institute from time to time will be followed.

All serving and retired employees are requested to kindly do the needful accordingly at the earliest.

This has approval of the competent authority.


10/4/17
(N. Bhaskar)
Asstt. Registrar (SS)
Health Unit


Encl: Declaration Form

Director
Deputy Directors/Deans/Associate Deans
Heads of Departments/Centres/Schools/Sections/Units/Cells
Registrar
Head, Hospital Services-For kind information of all hospital doctors and staff
All faculty and staff members through email
All retired employees-through mail/notice boards/website
General Secretary-IITEU, Officers Association, Faculty Forum
JR/DR/AR-E-I, E-II, IRD, SAS, Work Section
Institute Engineer
Hindi Cell-For publication in 'SAMPARK'
All Notice Boards
Master File

INDIAN INSTITUTE OF TECHNOLOGY DELHI

DECLARATION FORM

FOR AVAILING MEDICAL FACILITIES FOR DEPENDENTS

(SON & DAUGHTER (>18 YRS.) AND PARENTS)

I, _____ Emp. Code: _____ Designation: _____

hereby declare that my following dependents are residing with me and they are not employed or married as applicable:

S.No.	Name of the dependent family member	Relation	Age & Date of Birth	Marital /Emp. Status	Medical Booklet No. already issued

The above declaration is true to the best of my knowledge and belief. Medical booklets for the above dependents may kindly be revalidated/extended as per the rules of the institute.

Signature: _____

Name: _____

Department/Center/Section: _____

Dated: _____

To:

Health Unit**Through: Concerned Establishment Section**

RETIRED

DECLARATION BY RETIRED EMPLOYEES
FOR AVAILING MEDICAL FACILITIES AT IIT DELHI

This is to certify that my spouse, as per the details given below, fulfils the criteria as laid Down by the BOG vide Institute Circular No. BOG/171/2010 dt. 30.6.2010 to be my dependent for availing medical facilities of IIT Delhi.

S. No.	Name	Date of Birth	Employees Code	Booklet No.	Relation

The particular of my spouse as given above are correct. If any statement is found to be untrue, I shall be liable for disciplinary action.

(Signature)

Name of the Retired Employee: _____

E.C. No. _____

Designation & Department: _____

Date: _____