

भारतीय प्रौद्योगिकी संस्थान दिल्ली
Indian Institute Of Technology Delhi
Hauz Khas, New Delhi-110 016.



Website : www.iitd.ac.in

Sub : Self Certification of the employee / retired employee for availing medical insurance under the New Medical Insurance Scheme of the Institute (notified vide IITD/ISPS/964 dated 18-07-2011).

This is to certify that

1. I am a regular employee of the Institute

or

I am a retired employee of the Institute and have paid my dues to be a beneficiary for medical benefits after retirement.

2. The dependent list submitted by me in the attached Enrollment Form is as per the criteria approved by the Board of Governors of the institute (notified vide IITD/ICDN/2010/1336 dated 17th Aug 2010).

3. I am also authorizing IIT Delhi to deduct 1% p.m. of my (salary + AGP/GP) / pension

or

I am not getting any pension/salary* but agree to deposit in advance for the whole year equivalent to the above amount.

*Applicable for regular employees on leave without pay

Signature _____

Name : _____ S/o, D/o, W/o _____

Employment Status : Regular / Retired (please tick)

Employee Code : _____

Designation : _____, Department : _____