



**CENTRAL SANSKRIT UNIVERSITY**  
(Established by an Act of Parliament)  
New Delhi-110058

**(OPTION FORM FOR AVAILING MEDICAL FACILITIES  
UNDER MEDICAL ATTENDANCE RULES)**

**CATEGORY: IN-SERVICE EMPLOYEES OF CENTRAL SANSKRIT UNIVERSITY, DELHI**

**PART-A**

I hereby opt medical facilities under medical attendance rules of Central Sanskrit University, Delhi as under: -

- a) The admission to the Scheme shall be on payment of contribution which will be on the basis of the pay being drawn by the Employees and it should be at par with the rates being charged by CGHS from the Central Government Employees.

Provided, that these subscription rates will be subject to revision by the Government of India from time to time.

**At present the details of the dependent family members are as under: -**

Sl. No.	NAME	D.O.B./ AGE	RELATIONSHIP

### **PART-B**

Following details is mandatorily required to be filled by the In-Service Employees of Central Sanskrit University, Delhi in Capital Letters: -

S. No.	Details	To be filled by the employee
01	Name of the Employee	
02	Designation	
03	Employee Samarth ID	
04	Present Place of Posting (Name of Campus/ HQ Office)	
05	Date of initial appointment in CSU, Delhi	
06	Basic Pay with Pay Level (in case of Promotion/ CAS/ MACP, the employee must inform the administration section of the Campus/ HQ Office)	
07	Whether covered under GPF or NPS Scheme	
08	Permanent Address	
09	Present Address (proof to be enclosed)	
10	Spouse Details (if in service or retired from Central/ State Government Department/ Autonomous Bodies/ PSU/ Banks/Private Organization or in any campuses or HQ Office of Central Sanskrit University, Delhi) [if applicable]	
	(a) Name	
	(b) Working/ Retired	
	(c) Department Name	
	(d) Whether spouse availing of medical facilities or in receipt of Fixed Medical Allowance from his/her organization:	
	(e) If not, attach joint declaration (in the prescribed format) duly countersigned or NOC by the concerned authority of his/her spouse's department.	

S. No.	Details	To be filled by the employee
11	Whether the Application form for issue of new Medical Identity Card duly signed by the employee [Form-2] is attached	Yes/ No
12	Self-attested copy of Aadhar Card in respect of all the family members	
13	Mobile Number	
14	E-Mail Id	
15	Any Other information	

### DECLARATION

- The above information is true and correct to the best of my knowledge and nothing has been concealed there from. I further declare that I have opted for Medical Reimbursement Facility as per the Medical Attendance Rules of the Central Sanskrit University, Delhi. In future, if the rates of medical contributions as applicable are revised by the Government of India, I will pay the increased amount of contribution for availing the medical facility.

Encl: as above.

(Signature of the Employee)

\*\*\*\*\*

### For Office Use Only

(To be verified by the Administration Section of HQ Office/ Campus)

The above information in respect of Shri/Smt. /Dr. /Prof. \_\_\_\_\_ Designation \_\_\_\_\_ has personally been checked from the service records and documents submitted by the concerned. The information filled in by the applicant is found correct. Shri/ Smt./ Dr. /Prof.\_\_\_\_\_ and his / her dependent family members as mentioned above are eligible for Medical Facility of Central Sanskrit University, Delhi. The Ward Entitlement of Beneficiary is **General** (    ) / **Semi-Private** (    ) / **Private** (    ).

(L.D.C./ U.D.C.)

(Assistant)

(Section Officer)

(Assistant Director/Deputy Director)

(Registrar/Director of Campus)