



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

**APPLICATION FORM FOR ISSUE OF MEDICAL IDENTITY CARD FOR RETIRED EMPLOYEES**

**(Note: Please read the instructions at Page 5 before filling up this Form)**

1. Name of the Applicant & Adhaar Card No. :	_____		
2. Name of the Campus/ Office : (from where applicant is retired)	_____		
3. Name of the nearest campus/ office : (from where applicant wishes to opt for issue of Medical Identity Card)	_____		
4. Designation on Superannuation/ VRS :	_____		
5. Last Pay Level and Basic Pay drawn :	_____		
6. Whether retired under GPF/ NPS Scheme :	_____		
7. PPO Number : (Applicable only for those retired under Old Pension Scheme and copy of PPO to be enclosed)	_____		
8. Whether in receipt of Fixed Medical Allowance (FMA) :	Yes (	) / No (	)
9. Residential Address :	_____		
10. Mobile Number:	_____		
11. E-Mail ID :	_____		



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12. Date of Superannuation/VRS : \_\_\_\_/\_\_\_\_/\_\_\_\_ (write in DD/ MM/YYY format)

13. Type of Medical Contribution : **Yearly Basis ( )/ One Time Payment ( )**

[Those opting for one-time payment shall pay the contribution in advance for ten years. i.e., equal to ten times of annual contribution and the medical identity card valid for whole life will be issued]

14. Details of Family (Please see definition of Family at page 5 before filling up this column)

S. No.	Name of Family Member	Relationship to the Medical Identity Card Holder	Date of Birth* (Compulsory)	Blood Group (optional)
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				

(\*Please attach proof of age in case of sons)

15. Are all the people whose names are given above dependent upon you? \_\_\_\_\_  
(Yes/No). The dependency and income criteria are given at Page no. 5.  
(please attach copy Aadhar Card of each dependent family member)



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16. Paste One Passport Size Photograph of each member of family (including self) whose names are proposed to be included as part of your Family in the space given below and mention their Sl. No. and Name as filled in the table at point no. 14.

Sl. No. Name	Sl. No. Name	Sl. No. Name
Sl. No. Name	Sl. No. Name	Sl. No. Name
Sl. No. Name	Sl. No. Name	Sl. No. Name

(Signature of the applicant)

Date:

Place:



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## UNDERTAKING BY THE APPLICANT

1. That I undertake to intimate to Central Sanskrit University, Delhi 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 University comes to know of the change, then the Medical Facility is liable to be withdrawn by the University and appropriate authorities will be free to initiate disciplinary/penal action against me.
2. That I will abide by the Rules and Modifications made there from time to time.
3. That I shall deposit my applicable contribution:

(a) By the 10<sup>th</sup> of April each year (on financial year basis) regularly failing, which I may lose the benefits under the scheme. I note that no Medical Claim will be entertained if the payment on this account is in arrears.

OR

(b) One Time (10 years) contribution for whole life validity.

4. I Undertake to surrender the Medical Identity Card on ceasing to be eligible for Medical Facility.
5. I certify that the information furnished by me in this application form has been verified to be correct and that no information has been concealed or has been misrepresented, and I stand by the same.

\*\*\*\*\*

## FOR USE IN ADMINISTRATION SECTION ONLY

The information furnished by the applicant has been verified and found to be correct. It is recommended that a Medical Identity Card to be issued to Shri/Smt./Dr./Prof. \_\_\_\_\_, Designation \_\_\_\_\_ Retired from \_\_\_\_\_ (Name of the Campus/HQ Office). The applicant has remitted an amount of Rs..... as medical contribution (on Yearly Basis/ One Time Payment) and is eligible for Issuance of Medical Card with ..... Years validity/ Life Time Validity. The Ward Entitlement of Beneficiary is General (   )/ Semi-Private (   )/ Private (   ).

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

(Assistant)

(Section Officer)

(Assistant Director/ Deputy Director)

(Director of the Campus)



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## INSTRUCTIONS

### **Definition of Family:-**

- (1) The term 'Family' as per CS (MA) Rules, 1944 shall mean a Government Servant's wife or husband, as the case may be, and parents or parents-in-law, sisters, widowed sisters, widowed daughters, minor brothers, children, stepchildren, divorced/ separated daughters and stepmother wholly dependent upon the Government Servant and are normally residing with the Government servant.
- (2) The residential condition for members of families of a government servant having been waived, family members may have medical attendance and treatment even if they do not stay with the employee.
- (3) **The Age Limit of dependent family members are as follows:-**

Son	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.
Daughter	Till she starts earning or get married, irrespective of age limit whichever is earlier
Son suffering from any permanent <b>disability*</b> of any kind (physical or mental)	Irrespective of age limit
Dependent divorced/abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced/ abandoned or separated from their husband/ widowed sisters	Irrespective of age limit
Minor Brother(s)	Up to the age of becoming a major
Permanently disabled dependent brother	Irrespective of age limit

*\*Disability means blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation, mental illness.*

- (4) The beneficiary is required to submit following certifications regarding:-
  - The marital status in respect of his unmarried son and daughter (on six-monthly basis and preferably by 10<sup>th</sup> of October every year).
  - The job status in respect of his son, daughter and dependent parents (on yearly basis and preferably by 10<sup>th</sup> of April every year).
  - The job status of his permanent disabled dependent son or dependent brother (on yearly basis and preferably by 10<sup>th</sup> of April every year).

**The reimbursement of subsequent medical claims shall be subject to the submission of such certificates.**

(5) The income limit for dependency for the purpose of providing medical attendance facility is **Rs. 9000/- plus the amount of Dearness Relief** as on the date of consideration.

(6) The term '**children**' will include children adopted legally. It will also include children taken as wards by the Government servant under the "Guardians and Wards Act, 1890", provided such a ward lives with the Government servant and is treated as a members of the family and provided the government servant through a special will, has given such a ward the same status as that of a natural born child.

(7) Retired personnel who want to avail medical facilities can make contribution either on yearly basis or one time (10 years) contribution for whole life validity. Retired personnel opting for medical facilities under these rules should deposit their medical contribution in HQ Office or in respective campuses as provided in Clause 3 of Medical Attendance Rules of CSU by way of DD/NEFT/ RTGS/Cash in favor of **Registrar, Central Sanskrit University, Delhi (in case of HQ) or in favor of Director of the Campus.** Employees retired from the Campuses should send their application to Director of the respective campus., who will verify details made in the concerned form submitted by the retired employees.

(8) In case a beneficiary after retirement settled down in a place, other than his last place of posting, he/she may submit his application along with the medical contribution to the Director of nearest campus/ office.

(9) **Documents required to be enclosed with the application form: -**

- (a) Proof of Age of Son (in case son is dependent)
- (b) Self-Attested copy of disability certificate issued by Medical Board of a Government Hospital (in case of dependent son aged 25 and above or permanently disabled minor brother)
- (c) Self-attested copy of PPO/ Provisional PPO or Last Pay Certificate
- (d) Address proof
- (e) Demand Draft/ Copy of Online Transaction/ Challan for the medical contribution paid [ DD to be drawn in f/o The Registrar, Central Sanskrit University, Delhi in case beneficiary is retired from the HQ Office or in f/o The Director of respective Campus from where the beneficiary is retired]
- (f) Documents proving dependency of family members (wherever applicable)
- (g) Copy of ID Proof of dependent family members (Passport, Voter ID Card, Aadhar Card etc.)