



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

**(APPLICATION FORM FOR OPTING OUT OF MEDICAL
REIMBURSEMENT FACILITY)**

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

Instructions:

1. Please fill in all the details carefully.
2. Incomplete forms may be rejected.
3. This form is applicable for employees (serving and retired) who wish to opt out of the medical facilities provided by the Central Sanskrit University.
4. If your spouse is working, a joint declaration is required to be submitted along with this form.

A. Personal Details

1. Full Name: _____
2. Employee Samarth ID: _____
3. Designation / Post (If serving): _____
4. Campus/Department (If serving): _____
5. Date of Birth: _____
6. Contact Number: _____
7. Email Address: _____

B. Medical Facilities Information

1. Are you currently availing medical facilities from CSU?
☐ Yes ☐ No
2. Are you serving or retired?
☐ Serving ☐ Retired
3. If serving, mention your date of joining in CSU's Office: _____
4. If retired, mention your PPO/NPS PRAN No. & date of retirement: _____

C. Spouse Employment Information

1. Is your spouse currently employed?
☐ Yes ☐ No
2. If Yes, please provide details of your spouse's employment:
 - o Spouse's Name: _____
 - o Spouse's Employer Name: _____
 - o Spouse's Designation/Position: _____
 - o Contact Number: _____

D. Joint Declaration (if spouse is employed)

If your spouse is working, you are required to submit a joint declaration along with this form to confirm both of you are opting out of the medical facilities.

E. Reason for Opting Out (Please tick appropriate box)

1. ☐ Already covered under alternate medical scheme
2. ☐ Personal reasons
3. ☐ Family member is availing separate medical facility
4. ☐ Other (please specify): _____

Signature of the employee

Date:

Place:

**Head of the Office
(Signature)**