

**APPLICATION FOR INCLUSION OF DEPENDENTS OVER 21 YEARS OF AGE IN
SERVING EMPLOYEE MEDICAL CARD as per the Board's letter
No.2000/H/PNM/AIRF dated 05.09.2000 & No. 2008/H-I/2/15 dated 01.02.09**

1	Name of the Serving Employee		
2	Emp. No. & Designation		
3	Date of Appointment		
4	Residential Address		
5	Medical Card No.		
6	DETAILS OF THE EXISTING BENEFICIARIES UNDER THE CARD		
Sl.	Name	Date of Birth	Relationship
7	DETAILS OF THE PERSONS NOW PROPOSED TO BE INCLUDED		
Sl.	Name	Date of Birth	Relationship

I hereby declare that the person(s) proposed for inclusion/Extension in the medical card is/are unmarried and is/are wholly dependent on me and is/are residing with me. He/She/They is/are not under any employment/stipendiary Apprenticeship.

I request that his/her/their name(s) may be included in the Medical card for availing the medical treatment as admissible under rules. I understand that the inclusion is valid for a period of one year only and is further renewable subject to fulfilling the prescribed conditions.

I am aware that in the event of the above declaration being found to be false, the medical card will be ceased.

Signature

Enclosure: (1) Xerox copy of the Medical Card

(2) Xerox copy of the Ration Card showing the names all the beneficiaries.

(33) Xerox copy of the Transfer Certificate, etc. showing proof of relationship, date of birth, etc. of the beneficiaries.

(FOR OFFICE USE ONLY)

(If the request is not fit for inclusion this Para may be struck and a separate note may be put up)

As per the declaration of the retired employee/spouse, the son/sons is/are unmarried, unemployed and wholly dependent on him/her.

The above particulars and the supporting documentary evidence were verified. The request for inclusion/extension of additional beneficiaries as requested is within the rules in force. Hence the request may be approved.

APO/AWM

Ch OS/SSE