



चिकित्सा पहचान पत्र हेतु आवेदन

MEDICAL ID CARD DETAILS FORM

New  / Renewal

कर्मचारी का नाम NAME OF EMPLOYEE: ..... पद DESIGNATION: .....

विभाग DEPARTMENT ..... कर्मचारी कोड EMPLOYEE ID .....

कार्यभार ग्रहण करने की तिथि DATE OF JOINING: ..... पूर्वाहन FN /अपराहन AN

वर्तमान बेसिक वेतन PRESENT BASIC PAY Rs. .... वर्तमान पे लेवल PRESENT PAY LEVEL .....

DETAILS OF SELF AND FAMILY MEMBERS FOR WHOM MEDICAL CARD IS REQUIRED:-

Sl No	Name	Relationship	DOB	Aadhar No	Identification mark	Blood Group	Address	Contact No	Emergency Contact No	Signature of each member
1										
2										
3										
4										

संलग्न ENCL.: 1. AADHAAR CARD, UNDERTAKING & PHOTOGRAPH OF EACH MEMBER

आधार कार्ड, शपथ पत्र एवं प्रत्येक सदस्य का फोटोग्राफ

2. कार्ड की प्रतिलिपि (नवीनीकरण के लिए) Photocopy of Card (for renewal)

आवेदक के हस्ताक्षर SIGNATURE OF THE APPLICANT

दिनांक DATE: .....

कार्यालय प्रयोग के लिए FOR OFFICE USE

NOTE: The employee has been appointed on Regular basis vide Offer letter No.: CURAJ/R/F. /20 /

dated ..... Particulars mentioned above has been verified from the service record.

CARD ID No: .....

हस्ताक्षर (लिपिक)  
SIGNATURE (OFFICIAL)

सत्यापित VERIFIED

**UNDERTAKING FOR DEPENDENCY**

I, solely undertake that:

- (i) I know that presently, the limit of dependency fixed by Government of India for the family member (s) (except spouse) of its employees is less than Rs. 9,000/- plus DA/DR per month thereon or as amended from time to time.
- (ii) The following family members of mine are fully financially dependent upon me in accordance with dependency directives of Govt. of India and their individual monthly income from all sources (including salary, pension, rent, interest, business, etc.) is less than above dependency limit:

Sl No	Name & Occupation	Relationship	Date of Birth	Aadhar No	PAN	Present Residence
1						
2						
3						
4						
5						
6						

- (iii) My spouse is not a public servant (Central/State Government, Central/State Autonomous Bodies, PSUs, etc).

**OR**

- (iv) My spouse ..... (name) ..... (designation) is a public servant (Central/State Government, Central/State Autonomous Bodies, PSUs, etc) of ..... (name of department/organization/institute), but he/she is not availing the facilities viz. LTC, Medical claims, Children Education Allowance, etc from his/her employer. A certificate from employer of spouse, needs to be produced, for the purpose.
- (v) Copy of Aadhar, PAN and Income Tax Return (ITR) in respect of above family member (s) are enclosed, with the undertaking (if available).
- (vi) Reason (s) for non-availability of Aadhar, PAN or ITR in respect of above family member is as under:-  
.....  
.....  
.....
- (vii) Above statement and information is true and in case, above statement/information is found false, incomplete or misleading, I know the consequences and shall be liable for appropriate action under the rules.
- (viii) In case any change in the details mentioned above, I shall immediately submit revised undertaking to the Registrar, Central University of Rajasthan.

**Signature of employee**

Name.....  
 Designation .....  
 Section/Deptt .....  
 Date .....

**Note: PAN/ITR is optional in case of spouse and children. But, in case of major children (above 18 years), it shall be categorically mentioned by the employee in the each claim of LTC, Medical Reimbursement, etc. that his/her child/children is/are unmarried and is/are not earning.**