

BHAI GHANAIYA JI INSTITUTE OF HEALTH, PANJAB UNIVERSITY, CHANDIGARH

Date: _____

A

Proforma for entitlement of free medical services for **Permanent Employee/Retired Employee** of Panjab University, Chandigarh.

Institute of Health Entitlement Card No _____

Fee Receipt No- _____

Two Passport size photographs (attested by Head of the Department)

1. Name of the employee : _____
2. Age with Date of birth : _____
3. Sex (F/M/T) : _____
4. Marital status (Married/Unmarried/Widow/Divorcee/widower): _____
5. Designation _____ : In Service /Retired: _____
6. Department : _____
7. Basic Pay : _____
8. Provident Fund/PPO Number : _____
9. Residential Address : _____

(Signature of the employee)

Verified and countersigned by the
Head of the Department with seal

Office of the Chief Medical Officer
BGJ Institute of Health

Instructions:-

1. A medical entitlement card and its processing fee receipt of Rupees ten to be enclosed.
2. Newly appointed regular (permanent) employee will submit a self attested copy of his or her appointment letter and identity card.

BHAI GHANAIYA JI INSTITUTE OF HEALTH, PANJAB UNIVERSITY, CHANDIGARH

Date: _____

B

Performa for entitlement of free medical services for **Spouse (Wife/Husband)** of Permanent Employee/ Retired Employee of Panjab University, Chandigarh.

Institute of Health Entitlement Card No _____ Fee Receipt No _____

Two Passport size photographs (attested by Head of the Department)

1. Name of the Employee : _____
2. Department : _____
3. Designation : _____
4. Employee Medical Entitlement Card Number: _____

Particulars of the Spouse

5. Name (Wife/Husband) : _____
6. Date of birth with age : _____
7. Educational Qualification: _____
8. Occupation (Housewife/employed/self employed): _____
9. Name of employer, if employed _____
10. Nature and Address of occupation if self employed: _____
11. Total income from all sources: Rupees per month _____
12. PAN Number : _____
13. **Details of Movable Assets:**
 - (i) Name of Bank/Post Office with account No (Self and Joint): _____
 - (ii) Vehicles owned : _____
 - (iii) Shares/Mutual funds/Insurance premiums/Fixed Deposits details/any other movable assets/investments in any form: _____
 - (iv) Interest income from deposits: _____
14. **Details of Immovable assets:**
Any property (residential/commercial/agricultural land): _____
15. Pension: _____
16. Rental income (if any) p.m.: _____
17. Any other source of income not included in the above categories: _____

Signature of the employee (Claimant)

Signature of the Spouse

Verified and countersigned by the
Head of the Department with seal

Undertaking by the employee (claimant):

- (a) The above mentioned spouse (wife/husband) is fully dependent upon me for all practical purposes.
- (b) The above mentioned spouse (wife/husband) is permanently residing with me.
- (c) The above Dependent spouse (wife/husband) does not have any income from salary/ pension / interest/ capital gain/agricultural/rental/any other source exceeding Rupees 1000/-.
- (d) In case of any employment/divorce/death of spouse at any stage later on, I will be wholly responsible for getting his her card cancelled immediately.

In case any false information is furnished, I will be liable for disciplinary proceedings as per Panjab University Rules.

Signature of the Claimant

Instructions:-

1. Attach self attested copy of last three years of Bank Statement.
2. Attach self attested copies of last three years of Income Tax Return.
3. Attach two passport photos & fee Rs. 10/-
4. An affidavit attested by the Notary to the above effects also needs to be attached by the Claimant.

BHAI GHANAIIYA JI INSTITUTE OF HEALTH, PANJAB UNIVERSITY, CHANDIGARH

Date: _____

C

Proforma for entitlement of free medical services for **Parents (Father/ mother)** of Permanent Employee/ Retired Employees of Panjab University, Chandigarh.

Institute of Health Entitlement Card No _____ Fee Receipt No _____

Two photos Passport size (attested by Head of the Department)

1. Name of the Employee : _____
2. Department : _____
3. Designation : _____
4. Employee Medical Entitlement Card Number: _____

Particulars of the parents (Father/ Mother)

5. Name (Father/ Mother) : _____
6. Date of birth with age : _____
7. Educational Qualification : _____
8. Occupation (Housewife/employed/self employed): _____
9. Name of employer, if employed: _____
10. Nature and Address of job if self employed: _____
11. Total income from all sources: Rupees per month _____
12. PAN Number : _____
13. **Details of Movable Assets:**
 - (i) Name of Bank/Post Office with accounts No (Self and joint): _____
 - (ii) Vehicles owned : _____
 - (iii) Shares/Mutual funds/Insurance premiums/Fix Deposits details/any other movable assets/investments in any form: _____
 - (iv) Interest income from deposits: _____
14. **Details of Immovable assets:**

Any property (residential/commercial/agricultural land) _____
15. Pension: _____
16. Rental income (if any) p.m.: _____
17. Any other source of income not declared in the above categories: _____

Signature of the employee (Claimant)

Signature of the Father/ Mother

Verified and countersigned by the
Head of the Department with seal

Undertaking by the employee (claimant):

- (a) The above mentioned parent (father/mother) is fully dependent upon me for all practical purposes.
- (b) The above mentioned parent (father/mother) is permanently residing with me.
- (c) The above Dependent parent (father/mother) does not have any income from salary/ pension / interest/ capital gain/ agricultural/ rental /any other source exceeding Rupees 1000/-.
- (d) In case of any employment/divorce/death of parent at any stage later on, I will be wholly responsible for getting his her card cancelled immediately.

Signature of the Claimant

Instructions:-

1. Attach self attested copy of last three years of Bank Statement.
2. Attach self attested copies of last three years of Income Tax Return.
3. I am enclosing herewith two passport size photos of each dependent along with a fee of Rupees ten per person.
4. An affidavit attested by the Notary to the above effects also needs to be attached by the claimant.
5. Each dependent parents (mother/father) will have to furnish separate application along with necessary documents as applicable.

Date: _____

D

Performa for entitlement of free medical services for **children** (up to two, first born, after 14th March 1995 as per Punjab Govt. Notification) of Permanent Employee/ Retired Employees of Panjab University, Chandigarh.

Institute of Health Entitlement Card No _____

Receipt No _____

Two photos Passport size (attested by Head of the Department)

1. Name of the Employee : _____
2. Department : _____
3. Designation : _____

Particulars of the Child/Children:

1. Name of the Child/ Children: _____
2. Age/ Sex with Date of Birth: _____
3. School/ College: _____

Signature of the Claimant

Instructions:-

1. I am enclosing herewith two passport size photos of each dependent Child along with a fee of Rupees ten per Child.
2. Attach a copy of birth certificate / Identity proof from school or college in respect of each child.