

مولانا آزاد نیشنل اردو یونیورسٹی  
 MAULANA AZAD NATIONAL URDU UNIVERSITY  
 (A Central University established by an Act of Parliament in 1998)  
 Gachibowli Hyderabad-500 032.A.P



**APPLICATION FOR MANUU HEALTH CARD**

\*Please tick any one.

- I. New Health Card of employee.
- II Health Card in case of loss or damage or upgrade card
- III Health Card of Pensioners

➤ **To be filled in Block letters only**

1. Name :
2. Designation :
3. Name of the Department/Section etc. :
4. ID Card No :
5. Present basic Pay (including GP/AGP) :
6. Last pay/Basic Pension(in case of Pensioners):
7. Residential Address: \_\_\_\_\_
8. E-mail \_\_\_\_\_ Blood Group: \_\_\_\_\_
9. Telephone No: (Off) \_\_\_\_\_ (Mob): \_\_\_\_\_
10. Date of Superannuation: (Date) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_
11. Are you on Deputation in MANUU from other organization:
12. If Yes, Date of likely completion of Deputation:
13. Details of the Family:

(\*Please see definition of family before filling up this column carefully & attach proof of age)

S.No	Name of Family Members	Relationship	Marital status (Brother & Sister)	Date of Birth	Blood Group
1.					
2.					
3.					
4.					
5.					
6.					
7.					

14. Are all the persons whose names are mentioned in the column No.13 are Dependants upon you? In case brother & sister age, marital status should be mention.

(Yes/No)

(Please attach proof of their dependency with you, like copy of Ration Card/Election ID/Passport/Identity Card issued by college/School/University/Bank Pass Book etc.)

15. Are all the Persons whose names are mentioned in column No.13 are Residing with you?

(Yes/No)

If not, Place of their Residence : \_\_\_\_\_

16. Enclose one group photograph (Post Card Size) of the applicant with all dependants whose names are proposed to be included as part of the family.

### UNDERTAKING

I undertake to intimate to the university 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 **If I fail to intimate and if the university comes to know of the change then the medical facility is liable to be withdrawn by the university and the university and/or appropriate authority will be free to initiate any action against me.**

I undertake to surrender the Health Card(s) on my leaving the university on transfer, retirement, termination, resignation, or on ceasing to be eligible for medical benefits.

I certify that the information furnished by me in this application is correct and that no information has been concealed or has been misrepresented and I stand by the same.

Encls:

- i) Proof of dependency.
- ii) Proof of age of dependents , son /disability certificate (if applicable)
- iii) Surrender Certificate of Health Card/CGHS card while in service (if applicable)
- iv) Attested Copies of PPO & last pay Certificates (if applicable)
- v) Group photograph of the applicants with all dependents (Post Card Size)  
(Please mentioned name of the employee and ID card No. on backside of the photo)

I..... agree to deduct cost/price of the printing of my Health Card from my salary.

Date:

Signature of the Applicant

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### (To be filled by Administration & Governance Section)

The information furnished by the applicant has been verified by the ER-I/ER-II and found correct. It is recommended that a Health Card be issued to Prof./Dr./Mr/Mrs. \_\_\_\_\_  
Designation: \_\_\_\_\_ Dept. /Sec. \_\_\_\_\_ in this university.  
Instructions are issued to the concerned section to start deducting of medical subscription every month from the salary of the applicant.

Dealing Assistant

I/c Admn. & Gov.-Section