मोलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी مولانا آزاد نیشنل اُردویونیورسی अग्राप केशनल उर्दू यूनिवर्सिटी

MAULANA AZAD NATIONAL URDU UNIVERSITY



(A Central University established by an Act of Parliament in 1998) Gachibowli Hyderabad-500 032.A.P

APPLICATION FOR HEALTH CARD

I. New Health Card of employee.

	Card in case of loss or dama Card of Pensioners	nge or upgrade ca	ard			
*Please ticl	any one. If applying for S	Sl.No.II or III, m	ention existing (Card No.		
1.	Name:					
2.	Designation:					
3.	Name of the Department/Section/School:					
4.	ID Card No:					
5.	Present basic Pay(including GP/AGP): Grade Pay - ()					
6.	Last pay/Basic Pension(in	case of Pensione	ers):			
7.	Residential Address:					
8.	Telephone No:(O):					
	M): e-mail: B			Blood C	Group:	
9. Г	Pate of Superannuation					
(Da	te) (Month)	(Year) _				
10.	Are you on Deputation in I	MANUU from o	ther organization	n:		
11.	If Yes, Date of likely comp	pletion of Deputa	ation:			
12.	Details of the Family:					
(* Please see definition of f	amily before fill	ing up this colu	mn carefu	ılly)	
S.No	Name of Family Members	Relationship	Date of Birth	Age	Blood Group (Optional)	
1.						
2.						
3.						
4						

(*Please attach proof of age of persons mentioned above)

5.

13. Are all the persons whose names are mentioned in the column No.12 are Dependants upon you? 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.)
14. Are all the Persons whose names are mentioned in column No.12 are Residing with you? Yes/No If not, Place of their Residence:
15. Enclose one group photograph (size 8x10 cm) of the applicant with all dependants whose names are proposed to be included as part of the family.
<u>UNDERTAKING</u>
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 If I fail to intimate and if the university comes to know of the change then the medical facility is liable to be withdrawn by the university and the university and/or appropriate authority will be free to initiate any action against me.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 has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.
 Encls: Proof of dependency Proof of age of son/disability certificate(if applicable) Surrender Certificate of Health Card/CGHS card while in service(if applicable) Attested Copies of PPO &last pay Certificates(if applicable) Group photo of the applicants with all dependents (Please mentioned name of the employee and ID card No. on backside of the photo)
Date: Signature of the Applicant
(To be filled by the ER-I/ER-II)
The information furnished by the applicant has been verified and found correct. The above family members are his/her dependant and they are eligible for MANUU Medical Scheme. It is recommended that a Health Card be issued to Prof./Dr./Mr/Mrs
Date: Deputy Registrar ER-I /Asst. Registrar ER-II
(To be filled by the Administration and Governance Section)
The information verified by the ER-I/ER-II the Health Card has been prepared for printing on