

दिल्ली कौशल एवं उद्यमिता विश्वविद्यालय
DELHI SKILL AND ENTREPRENEURSHIP UNIVERSITY
(A State University Established under Govt. of NCT of Delhi Act 04 of 2020)
Integrated Institute of Technology Complex
Sector 9, Dwarka, New Delhi – 110077

F.No.1(25)/DSEU/Estt./2021/1486

Date: 18/01/23


CIRCULAR

Sub: Medical Card for the employees of the Delhi Skill and Entrepreneurship University.

Please find enclosed herewith following two forms, which are required to be submitted for issue of Medical Card to the employees of the University in order to avail the facility of medical treatment.

1. Declaration of Dependent Family Members.
2. Application for issue of the Medical Card for the employees of the Delhi Skill and Entrepreneurship University.

All the employees of the University are therefore requested to submit aforesaid two forms along with desired information, duly signed by the employee concerned, for issue of Medical Cards.



(Deepak Dahiya)
Dy. Registrar (Admin)

F.No.1(25)/ DSEU/Estt./2021/1486
Copy to:

Date: 18/01/23

1. All Campus Directors, DSEU
2. Dy. Registrar (Admin/H.R/Academics)
3. OSD (IT), for uploading on website
4. PS to VC
5. PA to Registrar
6. Guard File



(Deepak Dahiya)
Dy. Registrar (Admin)



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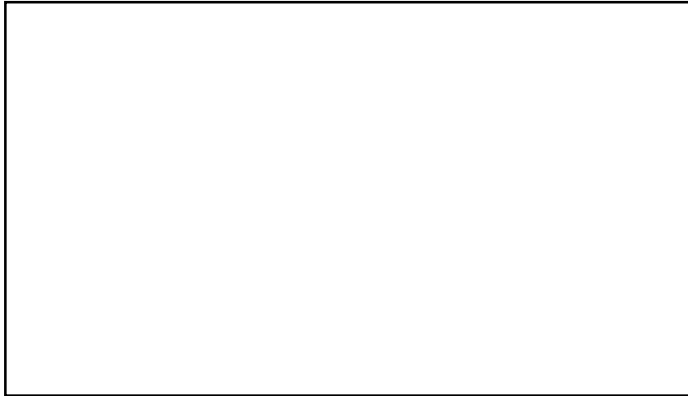
DECLARATION OF DEPENDENT FAMILY MEMBERS

1. Name of the University Employee:
2. Designation:
3. Place of Posting:
4. Date of Birth:
5. Date of Appointment:
6. Contact No. & E-Mail ID:
7. Details of the members of my family as on:

S.No	Name of the family members	Date of Birth/age	Relation with the official	Occupation/monthly income, if any	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Contd...

8. Paste below a group of your Family Members for records:



9. I declare/undertake that”

- (a) The above named my family members are wholly dependent upon me and are also residing/ not residing with me.
- (b) That the income of above indicated each family members (other than spouse) from all sources including Pension/Family Pension and pension equivalent is Rs.9000/-(or less) plus the amount of Dearness Relief admissible on the Rs.9000/-. In this regard income certificate of the family members is to be submitted by the official/ officer.
- (c) My spouse is not in service. If in service, a certificate or Joint Declaration Form duly attested by the Office of the spouse indicating, who will be preferring the claim, is required to be submitted by the Official/Officer.
- (d) That my Father/ Mother/ Father in law/ Mother-in-Law is/are not a retired pensioner. If, yes, attach the income certificate for the amount of pension drawn by him/them.
- (e) That any change in the list of Family members or in their dependency status will be intimated to the University.
- (f) That the above information furnished by me is correct and that no information has been concealed or misrepresented. If any information is found wrong at any stage. I shall be held liable for the same.
- (g) In case any verification is carried out by the University about the income of dependent members and the same is found incorrect/false, a strict disciplinary action may be taken against me.

Place: _____

Date: _____

Signature of the Employee

SIGNATURE OF HEAD OF OFFICE
WITH SEAL



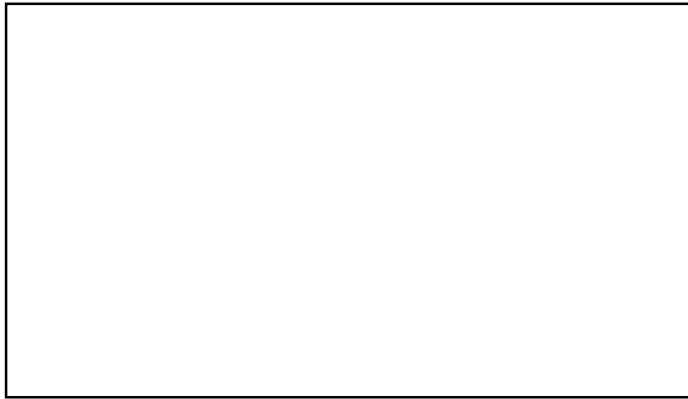
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Application for issue of Medical Card to the employees of the Delhi Skill and Entrepreneurship University.

1. Name of Applicant/employee:
2. Date of Joining:
3. Nature of Appointment:
4. Designation:
5. Place of Posting/ Department:
6. Pay Band with present pay:
7. Residential Address:
8. Contact No. & e-mail ID:
9. Date of Superannuation:
10. Whether on deputation and date of completion of deputation: _
11. Details of Family including self (Please see definition of Family before filling up this column*)

S.No	Name of the family members	Date of Birth/age	Relation with the official	Monthly income, if any	Blood Group (Optional)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

12. I undertake that all the members, whose names are given above, are fully dependent upon me and are residing with me. Paste below a group photo of your Family Members for records:



13. I undertake to intimate the University if there is any change in dependency criteria of my family members. If I fail to intimate and if the University comes to know of the change then the medical card is liable to be withdrawn/cancelled and the University will be free to initiate any action against me.
14. I undertake to surrender the Medical Card on my leaving the University on Resignation/ Retirement/ Termination etc.
15. 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. If any information is found wrong at any stage. I shall be held liable for the same.

(Signature of the Employee)