

SAHA INSTITUTE OF NUCLEAR PHYSICS
Sector – 1, Block – AF, Bidhannagar, Kolkata – 700 064.

DECLARATION FORM FOR MEDICAL BENEFITS (SINP CMBS/CSMA) **

Sl. No.	Names of dependent members of family					
	Name	Address	Date of Birth	Age	Relationship	Occupation

Certified that the above information is true to the best of my knowledge and the above mentioned members are wholly dependent on me in terms of CMBS Rules, as amended from time to time.

The income of the above mentioned dependent members (except spouse) from all sources is less than the prescribed maximum limit for becoming dependent as per CMBS Rules. In case of spouse (if employed), the necessary certificate about non-availing Medical facilities from the employer is enclosed. I am aware that I am liable for disciplinary action in case of false declaration or submission of false claim.

I hereby opt for the Contributory Medical Benefit Scheme (CMBS) of the Institute and authorise the Director, Saha Institute of Nuclear Physics, Kolkata to deduct my contribution and also to deduct additional sum for each eligible additional dependent listed above from my salary every month as per Institute CMBS rules. I also certify that the above declaration is correct and true.

Signature of the employee with date:

Name in full :

ID No. :

Designation :

Division :

Checked & Verified

Establishment Officer

**** (To be submitted in duplicate)**

Please see reverse for general information, filling up instruction. Please follow the rules as far as possible.

General Information & column-wise filling up instructions:

General Information:

- A. The definition of dependant and family are mentioned in para 4.1 of the CMBS rule 2011. In the case of a pensioner, only spouse can be dependant.
- B. Dependant's income from all sources should not exceed Rs. 4000/- per month. This has been explained in note A and B etc. at page 6-8 of the CMBS Rule Book 2011. This earning criteria is not applicable to the spouse of the employee.
- C. Institute as per rule, may ask for fresh declaration of dependants from an employee whenever deemed to be necessary.

Column-wise filling up instructions:

1. **Name** - Write in block letters, the name of the self/employee, spouse/dependants.
2. **Address** - Write the present residential address for self and dependants.
3. **Date of Birth** – Write exact date of birth. Institute may ask govt. recognized birth certificates.
4. **Age** – Please write age in completed years as on 01.04.2013.
5. **Relationship** – Write relationship clearly.
6. **Occupation** – Occupation status of dependants must be mentioned in detail. Certificate from the employer mentioning clearly that no medical benefit is enjoyed or medical allowances drawn by the employer employed dependant/spouse, should be enclosed. In case of dependants who are self-employed or having business a statement duly certified by the employee should be furnished.

-----For office use only-----

Name of the Employee:_____ ID No.:_____ Division/Section:_____ Designation: _____

Scheme: CS(MA) / CMBS

Category:

Total No. of Dependents:

Sl. No.	Name	Date of submission of application & photograph	Medical Card Number (s)	Medical Card (s) issued on	Valid up to	Signature of the employee receiving the card (s)	Signature of the Competent Authority with date

Saha Institute of Nuclear Physics, Kolkata

APPLICATION FORM FOR ADDITION / DELETION OF DEPENDANT
MEMBER UNDER CMBS /CSMA**

Employee ID-

1. NO. OF SINP IDENTITY CARD :
2. NAME OF THE EMPLOYEE :
3. DIVISION IN WHICH WORKING :
4. NEW ADDITION / DELETION :
(documentary evidence to be attached)

Sl. No.	Name	Date of Birth	Relation

5. SIGNATURE OF EMPLOYEE :

Date:

6. SIGNATURE AND DESIGNATION OF
ISSUING AUTHORITY / SEAL :

**** (To be submitted in duplicate)**