INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES), DHANBAD

Application form for enrollment/ renewal for Medical & other Benefits Scheme

[To be submitted at the time of first joining/ addition of a dependent/renewal of medical booklet(s)]

Particulars of the Employee:

the dependency list]

i.	Name of the Employee)	-	1 11	: [in the second second		Deal -	
ii.	Employee Code			11 4 1	:			- 1	
iii.	Designation/ Departme	ent			:	The Surface of			
iv.	Date of Birth	1	1 1 1		:	A THE PARTY	Table 1 March 2 de Ch		
٧.	Date of joining				:				
vi.	Pay Level	Late			:				
2.	Details of dependent	family memb	ers	J. 11					
SI. No.	Name of the dependent	Date of Birth	Relationship with the Employee	Pan No.	v	Aadhaar No.	Occupation	Whether in regular/ contractual government/ private service	Whether residing with the Employee at Dhanbad (Yes/ No)
i.		* 707 -						- 12/1 1	
ii.						W: .		4	
iii.									
iv.									
٧.		11 V		٠,					
vi.			1	The second second		Maria Cara and Art and			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
vii.	× 1 1 1 1			- 1					
	preceding financia	ter; Depende ake that, gros al year ending	nt Son: s annual income of on 31 st March,	f my depe W	nde as F	nt family members	whose names a	s); Minor Brother(s); re shown in para 2 abov ncome certificate(s) in : Dependent Unmarri	e, during the respect of

Daughter above 18 years of age; Son above 18 years of age are required to be submitted at the time of first joining/inclusion in

ii. The details of their income from various sources are given here under:

SI.	Particulars	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5	Dependent 6	Department
No.			- 1	A WASH AND A SHARE		Dependent 5	Dependent 6	Dependent 7
1.	Name		3 - 2 - 3	The second of the second	7	Kara Salati		
2.	Permanent Address							
3.	Present Address							
4.	Whether filed IT Return				Albania I et 164 tana 186 deno	Statistical of a	T Tables (**) - E'	7 1 2 2 150
	(If yes, copy of preceding							
	financial year ITR to be		,	,				
	submitted)							
5.	Annual gross Income from		p 1					
	Salary/ Pension/Family							
	Pension			- 2				
6.	Income from							
	Agriculture/Agricultural					8 .		
	Land/Business/Trade	- ,		edito e ^e a r -	1.0	1		
7.	Income from Monthly-		-			* * * * * * * * *		
	income-Plan/ interest on bank deposits/ Shares etc.				1	E 1 g 1		
8.	Income from House		5 m 6 m 13		L L			200
0.	Property/ Rent from any	Self-y-1075						
	residential or commercial	11						
	property							
9.	Any other income							-
	Gross Annual income							
	31033 Allitual Illcollie				,	An destruction of the second		
11.	Whether own a		d. y. i i day					
	vehicle(Yes/No). If yes,			in Maria de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del co				
	please provide the			William Santers and a sign of				7,2 1
	following details:			Paragraphy and the same service				ē
	a.Two/Four wheeler	n *1		County State of Dist				
	b.Year of purchase		그리트 이 교리 시간을		에 보고하면서 모구를			
	c.Make and Model	- 1 - 1						,

12.	Whether residing in his/									
	her own house (Yes/No)				4					
13	Whether visited any	- 41 E74	64		- 4 -					
	foreign country during last			50 54	1 1			* = =		
2	three years (Yes/ No). If							2 1 2		
	yes, please provide the	100					-	, , ,		
-	name of country visited.						1			
Iapplication	ing by the Employee: (name and deare true and correct to the best of my knowledge) hall be liable for disciplinary action, in accordance	e. I unders	tand that in	the event	of any info	t the details	furnished in p	ara 1 to 3 of the e, misleading or		
My spouse N	Mr. / Mrs is wo	orking / not v	working in _			(Under Govt. of India / Govt. of State				
/ PSU / Auto	nomous body) and availing / not availing medical b	penefit from	that organiz	ation.						
Note: The li	lertake that I will keep the concerned authority of the nich have a bearing on their eligibility for availing managers. Institute reserves its right to request from the elements.	nedical & oth	ner benefits	of the Institu	ıte.					
member (s)										
						<u>Er</u>	nployee's Sig	nature		
Date:								1, 3 ²		
Place :						(N	ame:)		
Enci: 7. inco	ome Certificate issued by the prescribed author	rity	(Yes/No)							
2. Cor	by of ITR acknowledgement, if required.		(Yes/No)							

Family Income Certificate Issuing authority in various States / Union Territories

SI. NO.	State / Union Territory	Income Certificate Issuing Authority
1.	Andaman & Nicobar	Tahsildar
2.	Andhra Pradesh	Tahsildar
3.	Arunachal Pradesh	District Magistrate & Collector
4.	Assam	Revenue Circle Officer
5.	Bihar	Circle officer of Circle office
6.	Chandigarh	Subdivisional Magistrate
7.	Chhattisgarh	Naib Tahsildar
8.		Mamlatdar, Daman and Mamlatdar
9.	Delhi	SDM of Govt. of NCT of Delhi
10	Goa	Mamlatdar of all Talukas
. 16	Gujarat	District Collector / Depurt Collector / Asstt. Collector / Prant Officer / Mamlatdar
	Haryana	CRO (Tehsildar / Naib Tehsildar Concerned)
13	Himachal Pradesh	Tahsildar of Revenue Department
14	Jammu & Kashmir	Sub Divisional Officer in each District
15	Jharkhand	Sub Divisional Officer of Each District
16	Karnataka	Tahsildar
17	Kerela	Village Officers
18	Lakshadweep	
	Madhya Pradesh	Deputy Collectors in Agatti and Minicoy and SDO in the remaining Island Tahsildar/Naib Tahsildar
	Maharashtra	Tahsildar
	Manipur	
	Meghalaya	District Authroities i.e. DC/ADC/SDO (not below the rank of SDO/SDM Employer in case of Govt. Employee and by the MP/MLE/DC/SDO Civil ir case of others.
23	Mizoram	District Magistrate or any other officers authorized by District Magistrate
24	Nagaland	Dy. Commissioners, addl. Dy. Commissioners and Sub-Divisional Officers
25	Orissa	Revenue Officers
26	Punjab	CRO (Tehsildar /Naib Tehsildar concerned)
	Pondicherry	Tehsildar
	Rajasthan	Tehsildar
	Sikkim	Special Executive Magistrate (Block Development Officers, Rural Management & Development Deptt.)
30	Tamil Nadu	Zonal Deputy Tehsildar
	Tripura	Deputy Commissioner of Respective Districts
	Uttar Pradesh	Tehsildar
_	Uttaranchal	Tehsildar / SDM/ City Magistrate
	West Bengal	Dist.Magistrate or - District Level Addl.Dist.Magistrate
		 Sub-Divisional Officer - Sub-Divisional Level of the concerned Block Development Officer - Block Level of the concerned Blocks The Collector, Kolkata - Kolkata Municipal Corpn. The Collector, Kolkata - Students residing within civil Jurisdiction of Hon'ble High Court, Kolkata Other areas covered in Kolkata Police are concerned i.e. areas over which Collector, Kolkata does not exercise jurisdiction - Concerned District Magistrate or any other Officer authorized b
		the District Magistrate of the respective districts i.e. South 24 Paraganas and North 24 Paraganas.

UNDERTAKING

[For availing medical benefits for dependent family member(s)]

I, N	Mr.	/ Ms		, (D	esignation)						
curre	ently	/ working in		(Department	/ Section) at IIT(ISM	1), Dhanbad					
do h	erel	by declare that:-									
	*Any of my dependent family members not receiving any medical benefits/financial										
b	ene	efits including scho	larships	arships/fellowships from schools, colleges, government							
0	orga	nisations etc.									
*	Th	a fallowing danan	dont for	OR	ore receiving Media	al banafita/					
			ndent family member(s) is/are receiving Medical benefits/								
			_	ding scholarships/fellowships from schools, colleges,							
g	jove	rnment organisatio	ns etc. a	nd the details of th	ne same are given be	low:					
SI. N		Name of the depender family member(s)		Relationship with the employee	Details of Financial	Amount per month (if any)					
					Benefit/ Medical benefits						
					receiving						
* stri	ike	off, whichever is n	ot appli	cablel							
				-							
			Signature								
			Name:								
			Emp. Code:								
				Епр.	Code						