

National Institute of Open Schooling
A-24/25, Sector – 62, NOIDA – 201309 (U.P.)

F.No. 41-46/2026/NIOS/Pers./Med. Facility

Date: 10, April, 2026

Circular - 07/2026

Subject: Issuance of Medical Card to the Officials (Serving/Retired) of NIOS

The medical cards issued earlier to the employees of NIOS were valid up to 30.06.2026. In order to issue fresh medical cards, all serving and retired officials of NIOS are hereby requested to submit the requisite details in the prescribed application form latest by 30.04.2026. The following documents may be forwarded to the Assistant Director (Personnel) at personnel@nios.ac.in:

- Duly filled application form
- Copy of Aadhaar Card
- Copy of Date of Birth certificate of dependent family members

All concerned are requested to comply within the stipulated time.


Assistant Director (Admn.)

Copy to:

1. Head of Departments
2. All Staff members
3. SA/P for uploading on NIOS Website
4. Office Order file
5. P.A. to Chairman for kind information of Hon'ble Chairman

APPLICATION FOR NIOS MEDICAL CARD

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Applying for **New Medical Card**

New Medical Card No. (to be filled by NIOS)

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Applying for New Card to **replace old card**

Existing Medical Card No.

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1. Name of the Applicant:

2. Category

In-

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service

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Retired

3. Name of Department / Regional Centre

4. Designation

5. Pay Level (As per 7th CPC) Present Pay.....

6. Last Pay (in case of Retirees):.....

7. Office Address:

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8. Residential Address:

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9. Telephone Number: (O)(R) (M)

10. e-mail ID

11. Date of Superannuation:/...../..... Date / Month /Year

12. Are you on Deputation (Central Deputation) (Yes/No)

13. If yes, likely completion of Deputation:/...../..... Date / Month /Year

14. Details of dependent Family members (* Please see definition of Family before filling up this column)

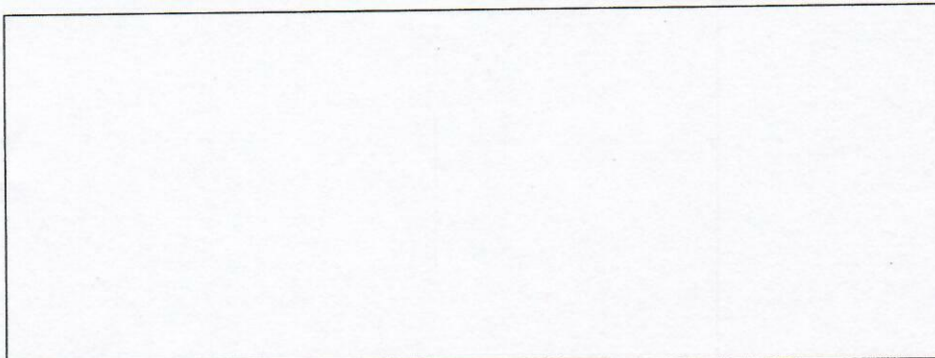
S.No.	Name of dependent Family member(s)	Relationship with the Card Holder*	Aadhaar No. (Compulsory)	Date of Birth# (compulsory)	Blood Group (optional)

(# Please attach Proof of age of in case of sons/daughters etc.)

15. Are all the persons whose names are given above are dependent on you and all are residing with you?..... (Yes/No)

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

16. Paste one ID Card size **Family Photograph** of all dependent Family members (including self) whose names are proposed to be included as part of your family in the space given below.



I Undertake to intimate to NIOS 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 NIOS comes to know of the change then NIOS Medical facility is liable to be withdrawn and the Secretary / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the Medical Card on my leaving NIOS on retirement; termination; Resignation; or on ceasing to be eligible for NIOS 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.

- Encl: 1) Proof of Residence/Stay of Dependents
2) Proof of Age of Son/daughter etc.
3) Disability Certificate

(Signature of Applicant)