

# National Institute of Open Schooling

A-24/25, Sector -62, NOIDA-201309 (U.P.)

No. F. No. 41-46/2021/NIOS/Pers/Med. Facility

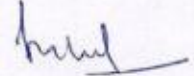
Dated: 02.06.2021

Office Order - 265/2021

## **Subject: Issuing of Medical Card to the officials (Serving/Retired) of NIOS**

The competent authority has approved that all the officials (serving/retired) of NIOS who are covered under the Medical benefit scheme of NIOS shall be issued a medical card. A copy of the application for issuing of the same is enclosed herewith which shall be filled by all the officials (serving/retired) latest by 10<sup>th</sup> June 2021 so that the cards could be issued.

A copy of filled application form may be forwarded to Assistant Director (Personnel) on [personnel@nios.ac.in](mailto:personnel@nios.ac.in). The hard copy of the same may follow later.



(SK Tanwar)

**Joint Director (Admn.)**

### Copy to:

1. Deputy Director (CMO) for kind information of Hon'ble Chairperson
2. Secretary, NIOS
3. Director (Academic)
4. Director (SSS)
5. Director (Vocational)
6. SA/P for uploading on NIOS Website
7. Office Order File
8. All unit/branch/division/Regional Head

APPLICATION FOR NIOS MEDICAL CARD

Applying for New Medical Card: New Medical Card No. (to be filled by NIOS) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Applying for New Card to replace existing Medical Card Card No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

1. Name of the Applicant: .....

2. Category  Services  Retired

3. Name of Department/ Regional Centre .....

4. Designation .....

5. Pay Level (As per 7<sup>th</sup> CPC pay matrix) ..... Present Pay.....

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

7. Official Address .....

8. Residential Address: .....

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

10. e-mail ID

11. Date of Superannuation:

Date Month Year

12. Are you on Deputation (Central Deputation)

13. If yes, likely completion of Deputation

14. Details of dependent family members

{\* Please see definition of Family before filling up this column}

S.No.	Name of dependent Family member	Relationship to Card Holder*	Date of Birth# (compulsory)	Aadhaar No. (Compulsary)	Blood Group (optional)

{# Please attach Proof of age in case of sons/daughters etc.}

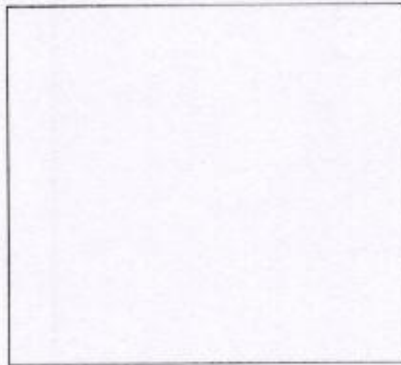
(P.T.O.)



15. Are all the persons whose names are given above are dependent upon you and are residing with you?

{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 Passport size of Photograph of all dependent Family members(including self) whose names are proposed to be included as part of your dependent 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 and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the Medical Card(s) on my leaving NIOS on 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)