



Visva-Bharati
Santiniketan

NOTICE

Enlisted casual workers of the University are requested to submit relevant information in the enclosed proforma along with self-attested photocopies in support of that at the Purchase and Store Section, Visva-Bharati positively by 07.01.2019, so as to facilitate the process of availing medical facilities at Pearson Memorial Hospital, Visva-Bharati.

Registrar (Acting)
Visva-Bharati

Ref. No. Admn./G/G-15/679
Date: 21.12.2018

Copy to:

1. The Directors and Adhyakshas of all Bhavanas / Vibhagas – with a request to bring it to the notice of all academic departments and centres under their control.
2. Finance Officer.
3. Proctor.
4. Joint Registrar (Administration).
5. All Joint Registrars / Deputy Registrars.
6. Chief Medical Officer.
7. University Engineer.
8. Internal Audit Officer.
9. C.S. to Vice-Chancellor.
10. Assistant Registrar, Purchase and Store – with a request to collect the relevant papers, furnishing information and to arrange for issuance of medical cards.
11. Hindi Officer – to translate into Hindi and to arrange to upload in the University website.
12. In-charge, Computer Centre – for uploading in the University website.

SAB
9/12/2018

Visva-Bharati
Santiniketan

Proforma for furnishing information by enlisted casual workers (ECWs) of Visva-Bharati for availing medical facilities at Pearson Memorial Hospital, Visva-Bharati, in terms of Registers Order no. REG/HMC/11/587 dated 21.07.2018.

1.	Name (Self-attested photocopies of Aadhar and voter ID are to be enclosed)						
2.	Address (Proof to be submitted if address is different from that in Aadhar and / or voter ID)						
3.	Mobile no.						
4.	Marital status (Self-attested photocopies of Aadhar and voter ID of the spouse are to be attached)	Married / Unmarried (Strike out the one which is not applicable)					
5.*	Details of dependent family members (Self-attested photocopies proving relationship and dependency are to be attached)	Sl. no.	Name of the family member	Date of birth by Christian era	Relationship with the worker	Remarks	
		i)					
		ii)					
		iii)					
6.*	Are your family members wholly dependent on you for medical treatment? State details.	Sl. no.	Name and relationship	Employment details	Availability of medical facilities from sources other than Visva-Bharati		
					Medical treatment	Medical allowance	Medical re-imbursement
		i)			Yes / No	Yes / No	Yes / No
		ii)			Yes / No	Yes / No	Yes / No
iii)			Yes / No	Yes / No	Yes / No		
7.	Names of the earning members of your family with details of relationship and employment.						
8.	State the amount of total income of your family and its sources.						

*If required, information regarding the points no. 5 and 6 may be attached in a separate sheet.

Signature of the enlisted casual worker

Continued on the next page.

Recd. S. Sen

****Dependent family members of an enlisted casual worker (ECW) shall include the following if they reside with the worker and earn less than Rs. 9,000 per month from all sources, applicable in case of each member:**

- (i) Wife or husband, as the case may be.
- (ii) Parents of the worker. A female worker has a choice to include either her parents or her parents-in-law.
- (iii) Children:
 - Unmarried son – till he starts earning or attains the age of 25 years, whichever is earlier. Without age limit if the son is suffering from permanent disability of any kind (physical or mental).
 - Daughter – till she starts earning or gets married, whichever is earlier, irrespective of age-limit. Including widowed / divorced / separated daughter till she is remarried or starts earning, whichever is earlier.
- (iv) Sister – till she starts earning or gets married, whichever is earlier, irrespective of age-limit. Including widowed / divorced / separated daughter till she is remarried or starts earning, whichever is earlier.
- (v) Unmarried brothers till he starts earning or attains the age of 18 years, whichever is earlier. Without age limit if the brother is suffering from permanent disability of any kind (physical or mental).

When the spouse (wife or husband, as the case may be) of the ECW is employed in a public or private organisation which provides medical facilities in any form, an undertaking is to be given by the ECW that neither the ECW nor any of the dependent members of his / her family is enjoying medical facilities at both Visva-Bharati and the public or private organisation where the spouse of the ECW works.

DECLARATION

I hereby declare that all the information furnished above by me as well as those in the self-attested photocopies attached herewith are correct and true to the best of my knowledge and belief. I shall be solely liable for the consequences arising out of any incorrect and / or false information provided by me.

Place:

Date:

Signature of the
enlisted casual worker

Recommended and forwarded by

Signature of the Head of the
office / department / section

