

#### **NOTIFICATION**

This is to notify for information of all concerned that the proformas for obtaining Medical Facilities, Leave Travel Concession (LTC) Facilities and Medical Card will be available now on the University Website under the tab 'Download Forms'.

The proformas may be downloaded as and when required. While downloading the forms each one must be printed on both sides of a single page.

Memo No. Est./File/Notification/2128/2024-25 Date: 30.01.2025

Deputy Registrar (Establishment)
Visva-Bharati
उप कुलसचिव (संस्थापन)

विश्वभारती, शान्तिनिकेतन Deputy Registrar (Establishment) Visva-Bharati, Santiniketan

Copy forwarded for information & necessary action to:

1. All Principals/ Directors of Bhavanas/Vibhaga(s)

2. All Heads of Academic/Administrative Departments/Sections/Centres/Offices

3. Chief Medical Officer, P. M. Hospital, Visva-Bharati

4. Joint Registrar & C.S. to Upacharya, Visva-Bharati

5. Section Officer (E-II/E-III/File Section)

6. P.A. to Registrar, Visva-Bharati

7. University Web Master-To upload in the University Website



#### STATEMENT INDICATING DETAILS OF FAMILY MEMBERS

[Required for obtaining medical facilities for employees of Visva-Bharati]

I hereby furnish the details of the members of my 'Family'\* below to receive the Medical facilities from Visva-Bharati.

Name and A	ddress	Pate of Birth	Relationship with the Employee	(Married Widow/	d/Single/ Widower	Rema	rks
C.	members wholly		Yes		No		
amily (other than the	us employer, in		Total income p.m. (Basic pension to be written in case of pensioners)	Whether in receipt of			
				Medical Facilities	Fixed Medical Allowance	Medical reimbur sement	Rema rks
(		B. Are your family* members wholly C. e of earning members of amily (other than the us employer, in	B. Are your family* members wholly dependent:  C. e of earning members of amily (other than the us employer, in Designation us employer, in	B. Are your family* members wholly dependent:  Yes  C.  e of earning members of amily (other than the cant)  Employers/(Previo us employer, in case of pensioners)  Employers/(Previo us employer, in case of pensioners)  Designation  Total income p.m. (Basic pension to be written in	B. Are your family* members wholly dependent:  Yes  C.  e of earning members of amily (other than the cant)  Employers/(Previo us employer, in case of pensioners)  Employers/(Previo us employer, in case of pensioners)  Medical  With the Employee (Marriet Widow/etr	B. Are your family* members wholly dependent:  Total income p.m. (Basic pension to be written in case of pensioners)  With the Employee  Widow/Widower etc**)  Boundary members wholly dependent:  Designation p.m. (Basic pension to be written in case of pensioners)  Medical Fixed Medical Fixed Medical	B. Are your family* members wholly dependent:  Total income p.m. (Basic pension to be written in case of pensioners)  Whether in receipt of pensioners)  Whether in receipt of pensioners)  Whether in receipt of pensioners)

Dated this Day certifying the above information.	of	2024 at	name of witnes			
1 Name		Signature	Designation			
2 Name		Signature	Designation			
		gnature of the emplo				
		Designation:				
		Department:				
		I.D. No. :				
		D (V() :				
		Date:				
	I	Date: tion or deletion) sho	uld be intimated to the office of the			
Registrar immedia	statement (Addition, correct ately after occurrence. (To be filled by the Head o	Date: tion or deletion) sho	uld be intimated to the office of the			
Registrar immedia	statement (Addition, correct ately after occurrence. (To be filled by the Head o	Date: tion or deletion) sho f the Department)	uld be intimated to the office of the			
Registrar immedia	statement (Addition, correct ately after occurrence. (To be filled by the Head o	Date: tion or deletion) sho f the Department)	ignature of Head of Office)			
Registrar immedia	statement (Addition, correct ately after occurrence. (To be filled by the Head o	Date: tion or deletion) sho f the Department)  (Counter Si	ignature of Head of Office)			
Important Note: Any change of the Registrar immedia	statement (Addition, correct ately after occurrence. (To be filled by the Head o	Date: tion or deletion) sho f the Department)  (Counter Si	ignature of Head of Office)			

I declare that the above particulars are true to the best of my knowledge and belief in case of any change in the income

\*The term 'Family' means employee's:

- i. Husband/Wife including more than one wife and also judicially separated wife.
- ii. Parents including Step-mother
  In case of adoption, only the adoptive and not the real parents.
  If the adoptive father has more than one wife the first wife only.

A female employee has a choice to include either her parents or her parents in-law. Option exercised can be changed only once during service.

- iii. Children including legally adopted children, stepchildren and children taken as wards subject to the following conditions:
  - a. Unmarried Son: Till he starts earning, or attains the age of 25 years, whichever is earlier.
  - b. Daughter: Till she starts earning or gets married, whichever is earlier, irrespective of age limit.
  - c. Son suffering from permanent disability of any kind (Physical or Mental): No age limit.
- iv. Widowed daughters and dependent divorced/Separated daughters. irrespective of age limit.
- v. Sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters. irrespective of age limit.
- vi. Minor brothers
- vii. Permanently disabled dependent brothers. No. age-limit.

The income limit for dependency of the family members (other than spouse) is Rs.9000 p.m. plus the amount of Dearness Relief admissible on Rs.9000 on the date of consideration of the claim- Section 4, Order 2(b).

<sup>\*\*</sup> Marital status means whether single (Unmarried), Married, Divorcee, Widow/Widower, Judicially separated etc.



## विश्वभारती **VISVA-BHARATI**

### **SANTINIKETAN**

#### STATEMENT INDICATING DETAILS OF FAMILY MEMBERS

1. Name	(Required under LTC Rul of the employee (in block letters):	es of the University	y)	
2. Design				
3. Depar				
-				
4. Home				
	s of the members of the family* as on (date):			
Sl.No.	Name and address of the members of the family	Date of birth by Christian-	Relationship with the	Remarks
1.		era	employee	
2.				
3.				
4.				
5.				
6.				
7. (a) St (b) St 8. Is the	our family members wholly dependent? Tate the numbers of earning members of your ate the amount of income and its source, if are spouse of the employee employed in an officient of the complex of the LTC facilities before joining the complex of the complex	ny: ce where the LTC fa		
	another institution:	ig this offiversity v	viien you were tr	ansierreu
hereby ı	are that the above particulars are true and co undertake to keep the above particulars up to ation thereof.			
Place:				
Date:		(Signature Designation Department I.D. No.:		
	ounter Signature of the Head of the Dept./ Adhyaksha of the Bhavana			

Registrar

Visva-Bharati

\*Note: Family for this purpose means the University Employee's:

- i. Wife or husband and two surviving unmarried children or step-children wholly dependent on the University employee, irrespective of whether they are residing with the University employee or not.
- ii. Married daughters, divorced, abandoned or separated from their husbands and widowed daughters and are residing with the University employee and wholly dependent on the University employee.
- iii. Parents and/ or stepparents (stepfather and stepmother) wholly dependent on the University employee, whether residing with the University employee or not;
- iv. Unmarried minor brothers as well as unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the University employee, provided their parents are either not alive or are themselves wholly dependent on the University employee.

A member of the family whose income from all sources, does not exceed the amount of minimum family pension prescribed in Central Government (i.e. 9000/- p.m.) and Dearness Relief thereon is deemed to be wholly dependent on the Government servant.



# STATEMENT INDICATING DETAILS OF FAMILY MEMBERS FOR MEDICAL CARD

1. Nai	me of the Employee (In Block Letters)			
2. Des	signation & Date of Joining to the Unive	rsity :		ATTENDED TO THE PARTY OF THE PA
3. Der	partment			
4. Det	ails of the members of family* as on	•		
Serial No.	Name of the members of family*	Date of Birth by	Relationship with the	Remarks
1.		Christian-era	employee	
2.		TORIEST N. L.		
3.				
4.				
5.				
6.				
5. a. Sta	your family members wholly dependent ate the number of earning members of any give details ate the amount of total income of your	your family, :	etails :	
its	s source	:		
'. If an i. ii. iii.	y member of the family is employed an Medical Facilities Fixed Medical Allowance Medical re-imbursement	ywhere, wherein	the family member Yes/No Yes/No Yes/No	er is in receipt of:
do here	eby declare that the above particulars a	re true and corre	ct to the best of m	ıy knowledge and belief
lace:				
ata:			Signature of ID No.: Mobile No.:	f the Employee

Counter signature of the Head of the Department/Office/Section with seal

\*The term 'Family' means employee's:

- i. Husband/Wife including more than one wife and also judicially separated wife.
- ii. Parents including Step-mother
  In case of adoption, only the adoptive and not the real parents.
  If the adoptive father has more than one wife the first wife only.

A female employee has a choice to include either her parents or her parents in-law. Option exercised can be changed only once during service.

- iii. Children including legally adopted children, stepchildren and children taken as wards subject to the following conditions:
  - a. Unmarried Son: Till he starts earning, or attains the age of 25 years, whichever is earlier.
  - b. Daughter: Till she starts earning or gets married, whichever is earlier, irrespective of age limit.
  - c. Son suffering from permanent disability of any kind (Physical or Mental): No age limit.
- iv. Widowed daughters and dependent divorced/Separated daughters. irrespective of age limit.
- v. Sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters. irrespective of age limit.
- vi. Minor brothers
- vii. Permanently disabled dependent brothers. No. age-limit.

The income limit for dependency of the family members (other than spouse) is Rs.9000 p.m. plus the amount of Dearness Relief admissible on Rs.9000 on the date of consideration of the claim- Section 4, Order 2(b).

Note: One passport size photograph is required to be deposited at the P.M. Hospital for each of the family members.