

FOR RETIRED EMPLOYEE



**OFFICE OF THE REGISTRAR
(MEDICAL BILL SECTION)
JAMIA MILLIA ISLAMIA**

NEW DELHI-110025

FAMILY DECLARATION FORM FOR MEDICAL FACILITIES
(TO BE FILLED BY THE RETIRED EMPLOYEE IN TRIPPLICATE)

Passport Size
Photo

Name of Pensioner/Family Pensioner

Name of the Retired/Expired Employee EMP. ID No.

Department / office (from where retired)

Designation Date of Retirement/Death

Present Mailing Address

Telephone No. (Residence) Mobile No.

S.No.	Name (Block Letters)	Date of Birth	Age	Relationship with Employee

EXPLANATION / DECLARATION

- The family for the purpose of these rules shall mean the retired employees, wife or husband as the case may be.
- I hereby declare that I am not availing any Medical Facility from any other source.
- Certified that the particulars mentioned above are correct.

Date

.....
Signature of the Employee (Retd.)
or his/her Spouse

VERIFIED BY THE FINANCE & ACCOUNTS OFFICE, JMI.

Basic Pension/Family Pension Rs.

Last Basic Pay Rs.

Pay Band Rs.

GP/AGP

Total (PB+AGP/GP) Rs.

Section Officer (PF & Pension)

Section officer (Salaries)

Date

Date

FOR OFFICE USE ONLY

Registered at serial No.

Eligibility Varified :

Date

.....
Signature of Dealing Asstt.

.....
Signature of Section Officer

.....
Signature of Dy. Registrar (Admn.)

.....
Signature of Registrar

FOR USE IN THE ANSARI HEALTH CENTRE

Date

Admitted to the Medical Facilities.

Medical Officer
Ansari Health Center
Jamia Millia Islamia
(Signature)