

**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)*