

**INDIAN STATISTICAL INSTITUTE
DELHI CENTRE**

No./D/MERU/58/2013

May 30, 2013

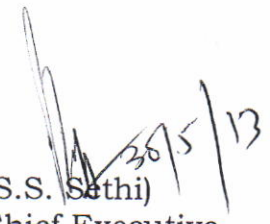
CIRCULAR

We are updating the family declaration in respect of Medical reimbursement. All workers of the Institute are requested to fill-in the Declaration Form in respect of their family members and dependents for availing the medical reimbursement facility of the Institute with the following details:-

1. A certificate from the spouse's employer that he/she is not availing medical.
2. Date of birth of their children.
3. Details of income in respect of their parents supported by documentary proof.
4. A Photostat copy of the ration card.

The duly filled form along with necessary documents may please be submitted on or before 15th June, 2013. The medical bills may not be processed in case of the worker who fails to submit the forms along with desired information.

The Forms can be collected from the Medical Section (Sh. Amardeep/Mrs. Darshana Bhatia).


(S.S. Sethi)
Dy. Chief Executive

To:
All the workers through Notice Board
Stat-Math Unit
Planning Unit/CSSC
SQC & OR Unit
Library/Canteen/Guest House/Sub-Station/Security/Sweepers/Gardeners

*Done
30/5/13*

8/c

भारतीय सांख्यिकीय संस्थान

दिल्ली केन्द्र

न: डी/एमईआरयू / 1/2013

दिनांक: 30.05.2013

परिपत्र

चिकित्सा अनुभाग द्वारा चिकित्सा अदायगी सुविधा हेतु परिवार के सदस्यों की जानकारी को अपडेट किया जा रहा है। इसलिए सभी कर्मचारियों को सूचित किया जाता है कि अपने व अपने परिवार के सदस्यों का, (जो उन पर निर्भर हैं) घोषणा-पत्र भरकर चिकित्सा अनुभाग में जमा कराएँ और चिकित्सा अदायगी सुविधा का लाभ अठाएँ। कृपया निम्नलिखित दस्तावेज/पेपर जमा कराएँ।

1. पति अथवा पत्नी का अपने विभाग से प्रमाण-पत्र, जिसमें लिखा हो कि वह अपने विभाग से चिकित्सा अदायगी सुविधा प्राप्त नहीं कर रहा/रही है।
2. बच्चों का जन्म प्रमाण-पत्र
3. अपने माता-पिता की आय का विवरण, यदि हो, दस्तावेज के साथ।
4. राशन कार्ड की अनुकृति/कॉपी।

उपरोक्त दस्तावेज भरकर चिकित्सा अनुभाग में 15 जून, 2013 से पहले जमा कराएँ। जो कर्मचारी उक्त जानकारी व दस्तावेज जमा नहीं करेगा उनकी चिकित्सा अदायगी तब तक रुकी रहेगी।

फार्म चिकित्सा अनुभाग में (श्री अमरदीप/श्रीमति दर्शना भाटिया) के पास उपलब्ध हैं।

(श्याम सुन्दर सेठी)
उप-प्रमुख कार्यपालक

Notice Board
web site

INDIAN STATISTICAL INSTITUTE
DELHI CENTRE

DISI/HDC/ MERU/ 59 /2013

May 30,2013

CIRCULAR

The following Laboratories/Diagnostic Centres are agreed to do the medical tests/investigations on C.G.H.S. rates for the students/workers and their dependents.

Our medical budget is exceeding day by day. So to reduce the medical expenses whenever any medical tests/investigations are prescribed all workers are requested to go to these labs. One has to carry the identity card issued by the Institute to avail this facility.

1. Goyal MRI & Diagnostic Centre
B-1/12, Safdarjung Enclave,
New Delhi – 110029. Ph. 40771234
2. Dr. M.L.Aggarwal ,
A-1/150 Safdarjung Enclave,
New Delhi – 110029 Ph. 26105271
3. Mahajan Imaging Centre,
K-18 Hauz Khas, Delhi – 110016 Ph. 2690100, 2690103
4. Ganesh Diagnostic & Imaging Centre (P) Ltd.,
109-Pocket A-1 Sector-8,
Rohini, New Delhi – 110085 Ph.
5. New Central Laboratory
A-124/6, Ground floor,
Shaheed Jeet Singh Marg,
Katwaria Sarai, New Delhi – 110016 Ph. 41689079
6. Thyrovision Laboratories Pvt. Ltd.,
F-117, opp DDA flat, Phase -1,
Near Mother Dairy,
SJS Sansanwal Marg, New Delhi – 110016 Ph. 41688617

All are requested to please co-operate.


(Head, Delhi Centre)

INDIAN STATISTICAL INSTITUTE

EMPLOYEE'S DECLARATION REGARDING FAMILY MEMBERS AND DEPENDANTS

(For medical assistance only)

(as on)

1. Name of worker :
(in block letters, surname first)
2. Roll Number :
3. Place of work :
4. Whether enlisted in I S I Medical Welfare :
Unit Calcutta Yes/No.
5. Division, Section, Unit, etc. in :
which employed
6. Joint declaration furnished : Yes/No/Not necessary
7. Age, next birthday :
8. Sex Male/Female
9. Basic pay and scale :
10. Category :
11. Permanent address (ancestral house, etc. as distinguished from address at which the employee lives for his work)
House No.....Street.....
Post Office.....Postal Zone.....
City/Town/Village.....District.....
*Police Station/Telegraph Office.....
State.....
12. Address at which employee lives (with or without family and dependants for his work under the Institute)
House No.....Street.....
Post Office.....Postal Zone.....
City/Town/Village.....District.....
*Police Station/Telegraph Office.....
State.....
*The names of Police Station and Telegraph Office are required for addresses in villages.
13. Address at which family lives (if it is different from the place where employee himself lives)
House No.....Street.....
Post Office.....Postal Zone.....
City/Town/Village.....District.....
*Police Station/Telegraph Office.....
State.....
*The names of Police Station/Telegraph Office are required for addresses in villages.

14. DETAILS OF FAMILY MEMBERS AND DEPENDANTS

Full name of family members and Dependants	Age	Relationship with employee	Occupation and monthly Income	*ADDRESS (usual place of residence)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*If the address is the same as in Item 11 or 12 or 13 only mention "As in Item 11 or 12 or 13". In other cases, give full details in the manner indicated earlier.

Certified that the information noted above is correct in all particulars.

Counter signature of Head of Unit

Signature of the Employee

Date.....

Date.....

RECEIPT

Received from Shri/Shrimati.....

Roll No..... a declaration regarding family and dependants as per Office Memorandum No. MERU/22/89, dated 5 June 1989.

Date.....

Signature of Receiving Officer

Documentary evidence produced for verification.

- 1.
- 2.
- 3.