AIIMS PATNA APPLICATION FOR EHS CARD

Please tick (V) which is applicable and strike out of (X) whichever not applicable.

	Applying for E.H.S	S. Card:		New			Re-issue]		
	1. Name of the	applicant: .				• • • • • • • • • • • • • • • • • • • •	Bio	metric Id	•••••	
	2. Category: Pleas	2. Category: Please tick (V) whichever is appropriate								
	a. Service	e Employee:	Regular	//	Adhoc 🗀	/Tei	mporary status	/on deput	ation	
	b. Reside	ent: Senior R	esident	/J	lunior Res	ident	/Student			
	3. Designation:				Name of	Departmei	nt			
	6. Basic pay:					Blood Groเ	ıp			
	7. Office Address:									
	8. Correspondenc									
	9. Permanent Add									
	10. Mobile Number: Emergency Cont. No									
	11. E-mail address:									
	12. a) Date of Joining:- D / D M/M Y / Y / Y / Y						/ Y / Y			
	b) Date of superannuation (in case of serving AIIMS employee): D / D M / M Y / Y / Y / Y						/ Y / Y			
	c) Date of completion of tenure (in case of residents, research staff,									
	Ph.D. Scholars & deputation staff as applicable):- D / D M / M Y / Y / Y / Y						/ / Y / Y			
	13. Details of dep	endent: (inc	luding self)							
Sr.	(* Please	e see definiti Relations	on at [page-4]	of fan	nily befor Blood	e filling up	this Colum) Mobile No.	Email Id	(Validity to be filled	
No.	member & dependent	hip with EHS Card Holder	Birth	der	Group	Status	Woodie No.	Emailia	by Concerned Establishment Section)	
1										
2										
3										
4										
5										
6										

I. II.	Please attach proof of their rela Card/ Passport/ Identity Card is: Please attach proof of dependen dependency criteria attached he	sued by college/ School/ Unive ncy in respect of age of son(s) {		
15. Past	e one Photograph of each memb	er of dependent Family memb	ers including self.	
Name:	Name:	Name:	Name:	
Sign:	Sign:	Sign:	Sign:	
Name:	Name:	Name:		
Sign:	Sign:	Sign:	Sign:	
1)	I certify that my family member	s as above are wholly depende	nt on me.	
2)	I undertake to intimate immediately if there is any change in dependency criteria of my family members including in this application form. If I fail to intimate and if the authorities come to know of the same, then the E.H.S. facility is liable to be withdrawn by the AIIMS and /or appropriate authority will be free to initiate any action against me.			
3)	I undertake to surrender the retirement/termination/resigna		he AIIMS Patna on completion of tenure/ of EHS benefits.	
4)	n has been verified to be correct and that no and I stand by the same.			
5)	I certify that I have made EHS be	eneficiary contribution one year	r/whole life (for pensioner only):	
(Forwa	arded by Head of Deptt./Section)	(Signature of applicant) Contd	

14. Are all the persons whose names are given above are dependent upon you?

Yes

No

	<u>DECLARATION</u>				
1)	I hereby declare that my father / mother/ father-in law/ mother-in law namelyis/are				
	wholly / mainly dependent upon me and that he / she / they normally reside with me.				
2)	I also certify that my father namelyand mother namelyare dependent on me and their income from all sources including Pension / Family pension and Pension equivalent of DCRG does not exceed Rs. 9000+DR per month plus the amount of Dearness Relief there on.				
3)	I certify that my sonage years is unmarried / unemployed and wholly dependent on me.				
4)	I certify that my daughterageyears is unmarried / unemployed and wholly dependent on me.				
5)	I undertake to surrender the E.H.S. Identity Card on my leaving the Institute on transfer / retirement / termination of service, resignation etc.				
	Signature of the employee.				
	(TO BE VERIFIED BY THE CONCERNED ESTABLISHMENT SECTION)				
1.	The information furnished by the applicant has been verified from his service records and found to be correct. It is recommended that a E.H.S Noto be issued to Shri/Smt./Kumari				
2.	Finance division AIIMS Patna has been intimated about required deduction towards of the E.H.S. subscription every month from the salary of the applicant.				
3.	It is requested to consider for the issue of New E.H.S. photo Cards and E.H.S. Books to the beneficiary/ beneficiaries as per E.H.S. token card.				
	Signature				
E.H.S. N	(To be filled by the E.H.S. Cell) o has been allotted to the applicant by the E.H.S. Cell.				
	•••				

Signature with Seal

Contd.....

INSTRUCTIONS

Definition of Family:

- (1) Husband / Wife* (* First wife only)
- (2) Dependant Parents / Step Mother (in case of adoption, only adoptive & not real parents)
- (3) If adoptive father has more than one wife, the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents in law; option exercise can be changed only once during service.
- (5) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier?
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier?
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.

For the purpose of availing E.H.S. facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

'Disability' will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:

- "(1) "DISABILITY' MEANS
 - (I) BLINDNESS
 - (II) LOW VISION
 - (III) LEPROCY CURED
 - (IV) HEARING IMPAIRMENT
 - (V) LOCOMOTOTR DISABILITY
 - (VI) MENTAL RETARDATION
 - (VII) MENTAL ILLNESS"

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000/- + DR per month are treated as dependents and are normally residing with E.H.S. beneficiary.

The Following Documents are to be enclosed:

- (I) Proof of Residence / Stay of dependents {copy of Ration Card / Election ID / Pass Port / Identity card issued by College/School/University/Bank Pass Book, etc.
- (II) Proof of age of son -
- (III) Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)

For Pensioners applying for E.H.S. card for the First time the following Additional Documents are required:

- (IV) Surrender Certificate of E.H.S. Card while in service.
- (V) Attested copies of PPO & Last Pay Certificate.

Contribution by Pensioners should be made through Challan/Cash/Cheque/Bank Draft payable in favour of "the Director" AIIMS, Patna under due process of concerned Establishment Section AIIMS, Patna.