

DECLARATION for MEDICAL BENEFITS SAHA INSTITUTE OF NUCLEAR PHYSICS, CMBS / CS(MA)

Employee's ID No.: _____ Full Name (In block letters): _____ Father's/Husband's Name: _____

Designation of the employee: _____ Basic pay: Rs. _____ Div/Sec: _____ Date of Birth: _____

Present Address: _____ email: _____ Res. Tel. No.: _____

Sl. No.	1. Full name of the spouse / Dependent (in block letters)	2. Date of Birth	3. Relation	4. Present Address	5. Present/ Previous Employment Status	6. Name of the Employer/ Self-Employed	7. Present Income/pm From employment	8. Income/pm from Houses, Agriculture & business	9. Income/pm from other sources (Fixed Deposit, Share, Maturity of LIC, NSC etc.)	10. Income/pm from pension	11. Medical benefit/ allowances recieved

Strike out whichever is not applicable:

- I hereby opt the Contributory Medical Benefit Scheme (CMBS) of the Institute and authorize the Director, Saha Institute of Nuclear Physics, to deduct a sum equivalent to 1% of my Basic Pay and also to deduct a sum as per Institute rule for each eligible SISTER/BROTHER listed above from my salary every month.
- I certify that all the above declaration is correct/true to the best of my knowledge, belief and understanding of the contents of SINP Medical rules. In case the declaration is found false/incorrect, the competent authority may take appropriate action against me as per bye-laws of the Institute.
- I hereby pledge to inform the SINP authority of any change of status of my dependents as soon as the dependent status change is made effective.

Signature: _____ Date: _____

-----<For office use only>-----

Registrar/E.O.: _____

Chairman, MAC: _____

Please see reverse for general information, filling up instructions. Please follow the rules as far as possible.

