

Saha Institute of Nuclear Physics
1/AF, Bidhannagar, Kolkata-64

05.01.2024

Notice

This is to bring to the notice of all concerned that we are in the process of renewing the CMBS Medical Cards expiring on 31.03.2024. In view of this, kindly submit the Option Form (2 nos. in original) available in the SINP Pensioner's Portal along with one copy passport size photo of each beneficiary.

Your early submission will help us cope with the time bound task.




Chairman, MAC

SAHA INSTITUTE OF NUCLEAR PHYSICS, KOLKATA

Option Form for Contributory Medical Benefit Scheme (CMBS) for Retired Employee and dependent members (OPS & NPS)

I hereby opt for the Contributory Medical Benefit Scheme (CMBS) of the Institute and (a) authorise the Director, Saha Institute of Nuclear Physics, to deduct a sum equivalent to one percent (1%) of my last basic pay drawn or the amount as fixed by the Competent Authority from time to time from my pension of every month towards my contribution for the said Scheme (OPS) ; OR (b) agree to contribute one percent (1%) of my last basic pay drawn on annual basis (twelve month) for availing post-retirement medical facilities (NPS).

I also agree to forgo my entitlement of medical allowance as a pensioner.

Name of the Pensioner / Retired Employee and his/her dependent family member/s.						
Sl. No.	Name of the Pensioner / Retired Employee / Dependent members	Date of Birth	Relationship	Blood Group	Occupation	Whether availing any Medical Benefit(s) from any other source(s) (Yes/No) If yes, details thereof

Note : Passport size photograph/s for self & dependent family members to be enclosed.

Name : _____ ID No. : _____

Address for correspondence : _____

_____ Phone No : _____

Designation & Division/Section at the time of retirement of the Employee : _____

Signature with date : _____

Note : Certificate/document from the employer/pension disbursing authority mentioning clearly that no medical benefits enjoyed or medical allowance drawn by the spouse / parent(s) of the employee should be enclosed, as applicable.

For Office use only (Pension Section) :

Pensioner / Retirement Identity No. : _____

Scale of pay / Pay Level at the time of retirement : _____ Basic pay : _____

Monthly deduction / Annual Contribution for CMBS : _____

Signature of the Officials : _____