



Dyal Singh Evening College

(University of Delhi)

Lodhi Road, New Delhi 110003

A full-fledged Day College

Proforma for Pensioner's Medical Card

1. Name :
2. Designation held on Retirement :
3. Last Basic + Grade Pay :
4. Monthly Pension :
(To be filled up by Office)
5. Residential Address :
6. Contact No. :
7. Particulars of Family :

Please Paste
Colour
photograph

- (i) Name :
DOB :
Relation :

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photograph

- (ii) Name :
DOB :
Relation :

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- (iii) Name :
DOB :
Relation :

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- (iv) Name :
DOB :
Relation :

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All the persons whose names are given above are dependent upon me and are residing with me. I undertake to intimate the College immediately if there is any change in dependency criteria of my family members included in this application form.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

Date: _____

Signature of the Applicant

(FOR OFFICE USE ONLY)

The information furnished by the applicant has been verified and found to be correct.

Dealing Assistant

SO (Admn.)

Card no. _____ issued on _____

received the PMC

INSTRUCTIONS

Definition of Family:

1. Husband / Wife (* First wife only)
2. Dependent 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)	Unmarried 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 medical facility for a 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:

DISABILITY’ MEANS

1. BLINDNESS
2. LOW VISION
3. LEPROCY CURED
4. HEARING IMPAIRMENT
5. LOCOMOTOTR DISABILITY
6. MENTAL RETARDATION
7. MENTAL ILLNESS”

Dependency:

Members of family (other than spouse) whose income is less than Rs.3500/- +DA per month are treated as dependents and are normally residing with CGHS beneficiary.

The Following Documents are to be enclosed:

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.,}

Proof of age of son and dependent brother

Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)