



13. Are all the persons whose names are mentioned in the column No.12 are Dependants upon you? **Yes/No**  
(Please attach proof of their dependency with you, like copy of Ration Card/Election ID/Passport/Identity Card issued by college/School/University/Bank Pass Book etc.)

14. Are all the Persons whose names are mentioned in column No.12 are Residing with you? **Yes/No**  
If not, Place of their Residence : \_\_\_\_\_

15. Enclose one group photograph (size 8x10 cm ) of the applicant with all dependants whose names are proposed to be included as part of the family.

### **UNDERTAKING**

I undertake to intimate to the university immediately, if there is any change in dependency criteria of my family members included in this application form. **If I fail to intimate and if the university comes to know of the change then the medical facility is liable to be withdrawn by the university and the university and/or appropriate authority will be free to initiate any action against me.**

I undertake to surrender the Health Card(s) on my leaving the university on transfer, retirement, termination, resignation, or on ceasing to be eligible for medical benefits.

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.

**Encls:**

1. Proof of dependency
2. Proof of age of son/disability certificate(if applicable)
3. Surrender Certificate of Health Card/CGHS card while in service(if applicable)
4. Attested Copies of PPO & last pay Certificates(if applicable)
5. Group photo of the applicants with all dependents  
(Please mentioned name of the employee and ID card No. on backside of the photo)

Date:

Signature of the Applicant

-----  
**(To be filled by the ER-I/ER-II)**

The information furnished by the applicant has been verified and found correct. The above family members are his/her dependant and they are eligible for MANUU Medical Scheme. It is recommended that a Health Card be issued to Prof./Dr./Mr./Mrs. \_\_\_\_\_  
Designation: \_\_\_\_\_ Dept. /Sec. \_\_\_\_\_ in this university.  
Instructions are issued to the concerned section to start deducting of medical subscription every month from the salary of the applicant.

Date:

Deputy Registrar ER-I /Asst. Registrar ER-II

-----  
**(To be filled by the Administration and Governance Section)**

The information verified by the ER-I/ER-II the Health Card has been prepared for printing on..... and issued on .....

Dealing Assistant

Asst. Registrar (A & G)