

No. AUD./Admn./(Medical)/2011/3/57

Dated 17/10/2011

Circular

Sub: Certificate regarding details of Family Members

This is in continuation to this office Notification No. AUD./Admn./2011-12/2097 dated 14/9/2011, all the Faculty members and the Administrative staff members (**regular and on deputation**) are requested to fill the prescribed format of Certificate enclosed herewith regarding details of Family Members and submit the same duly filled up within 10 days in the Admn. Division for the purpose of reimbursement of medical claims. The same is also available on AUD website. This may please be treated as MOST URGENT.

**(Chandan Mukherjee)
Registrar**

Copy to:-

1. Office of the Vice-Chancellor
2. Dean, Academic Services/SDS/SHS/SHE/SUS/SLS/SES/SBPPSE/SCCE
3. Office of the Registrar
4. Controller of Finance
5. Director (IT Services)
6. Chairman Library Committee
7. Deputy Registrar (Academic Services)
8. Dy. Registrar (Admn.) & Student Services
9. Assistant Registrar (Planning)
10. Office Order file

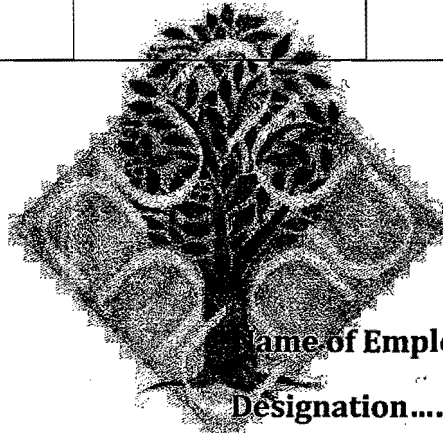
Director (IT Services) for uploading the website.



CERTIFICATE : REGARDING DETAILS OF FAMILY MEMBERS

It is certified that I have got the following family members, who are totally dependent on me:

Sl. No	Name	Occupation	Monthly income from all sources Including pension	D.O.B & Age	Relationship	Whether residing with employee or not
1						
2						
3						
4						
5						
6						



(Signature)

Dated.....

Name of Employee.....

Designation.....

Note: Detail under each column may be duly filled-in

Any family member whose income from all sources including pension & pension equivalent to DCRG not exceed Rs. 3500/- PM is deemed to be wholly dependent on the employee.

Family includes:

- ✓ Spouse residing with the employee (need not be dependent).
- ✓ Legitimate children and step children, residing with and wholly dependent
- ✓ Son(s) eligible upto 25 years of age or marriage or earning whoever is earlier.
- ✓ Parents, stepmother, unmarried sister and minor brothers residing with and wholly dependent
- ✓ Married daughter, if divorced, abandoned or separated from her husband and residing with and financially dependent upon parents

Contd....2/-



- 2 -

- ✓ Widowed sister residing with and wholly dependent, provided her father is either not alive or is himself dependent on the employee

CERTIFICATE

It is certified that I..... S/o / D/o am availing medical facility for my children & parent as detailed in Annexure- D.

My husband/ wife is working in.....

(name of organization). My spouses is not getting any medical allowance at all in his/her salary package & he/she is claiming reimbursement in r/o family member mentioned in family details.

I hereby authorize Ambedkar University, Delhi to deduct admissible amount of membership contribution per month from my salary on account of availing medical facilities of Ambedkar University, Delhi as per detail given below.

Grade Pay	Rate of Monthly Contribution
Upto Rs. 1650	Rs. 50/-
Rs. 1800, 1900, 2000, 2400 & 2800	Rs. 125/-
Rs. 4200	Rs. 225/-
Rs. 4600, 4800, 5400 & 6600	Rs. 325/-
Rs. 7600 and above	Rs. 500/-

(Signature)

Dated: _____

Name of Employee _____

Designation _____

Pay Band _____

Grade Pay _____