



भा.कृ.अनु.प-राष्ट्रीय कृषि अनुसंधान प्रबंध अकादमी

राजेन्द्रनगर, हैदराबाद-500030, तेलंगाण, भारत

ICAR-National Academy of Agricultural Research Management

Rajendranagar, Hyderabad-500030, Telangana, India

<http://www.naarm.ernet.in>



Format of Application for issue of Pensioner's Health Card

1.	Name of the Pensioner (in Capitals)	
2.	Designation at the time of Retirement	
3.	Institute from where retired	
4.	Date of Birth of Pensioner	
5.	Date of Superannuation	
6.	Sex	
7.	Last / Revised Basic Pay	
8.	Scale of Pay / Pay Matrix	
9.	PPO Number	
10.	Basic Pension	
11.	Name of the Family Pensioner	
12.	Residential address	
13.	Mobile No.	
14.	e-mail address	

15.	Details of Family Members			
S.No.	Name of dependent Family Member	Relationship with the Pensioner	Date of Birth #	Blood Group (Optional)

(# please attach proof in case of children)

16. Are all the persons whose names given above dependent upon you and residing with you?

(Please attach proof such as Aadhar Card/Election Card/Passport/Driving License)

17. Paste one Stamp size Photograph of each dependent member of Family(including self) whose names are proposed to be included (in the same sequence as mentioned in Column above) as part of your family in the space given below.

S.No. Name	S.No. Name	S.No. Name
S.No. Name	S.No. Name	S.No. Name

1. I undertake to intimate to ICAR-NAARM 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 If I fail to intimate and if ICAR-NAARM comes to know of the change, the Health facility is liable to be withdrawn by ICAR-NAARM and ICAR-NAARM or appropriate authority will be free to initiate any action against me.
2. I undertake to surrender the ICAR-NAARM Health card on ceasing to be eligible for the health benefits.
3. 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.

Encl: Proof of Residence/Stay of Dependents
Proof of Age of Children/Disability Certificate
Copy of PPO

(Signature of Applicant)

(TO BE FILLED BY THE SPONSORING AUTHORITY)

The information furnished by the applicant has been verified and found to be correct. It is recommend that a Pensioner's Health Card can be issued to Dr/Shri/Smt./Kumari..... Designation..... of this Organization

Head of the Office

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)	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 CGHS facility for a disabled son 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 (i) Blindness (ii) Low Vision (iii) Leprosy cured (iv) Hearing Impairment (v) Locomotive Disability (vi) Mental Retardation (vii) Mental Illness