

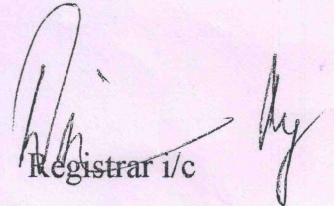


ASSAM UNIVERSITY, SILCHAR
(A Central University)

CIRCULAR

This is for information of all concerned employees of the University that for availing treatment/pathology benefit of their family members/dependent in the Assam University Health Centre as per CS(MA) rules notified vide No. 106/4/2012-Estt(Part) dtd. 16/5/2014, **Family/Dependent Identity card** is mandatory for all employees. Assam University will issue Family/Dependent Identity Card to the permanent employees of the University on requisition basis.

All employees are requested to submit application in prescribed format to the Academic Section for Family/Dependent Identity Card and also submit the family declaration of their dependent in the prescribed format to the Establishment Section alongwith photograph certified by the employee concerned.

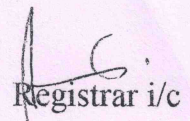

Registrar i/c

No. AUK-204/7/2007/Part/

Date : 3rd June 2014

Copy to :-

1. The Pro-Vice Chancellors, Academic/Administration/Diphu for information.
2. All Deans/HODs of the University for circulate among all Teachers & staffs.
3. All Officers of the University for circulate among all staffs.
4. Deputy Registrar (Estt)/ S.O.(Estt-I)/S.O.(Estt -II) for information and necessary action.
5. P.S. to V.C. for kind information of the Vice Chancellor.
6. Notice Board.
7. *Medical officers, Health Centre, AUC.*


Registrar i/c



**ASSAM UNIVERSITY
SILCHAR**

DECLARATION OF DEPENDENT FAMILY MEMBERS

1. Name of the University Employee: _____
2. Designation : _____
3. Place of posting : _____
4. Date of Appointment : _____
5. Date of Birth : _____
6. Contact No.& E-mail ID : _____

7. Details of the members of family as on (who are dependent upon employee):

S.No	Name of the Family members.	Date of Birth/Age	Relation with official	Occupation/Monthly income, if any	Remarks

8. Paste below Pass port size photograph of your dependent Family Members for records:

9. I declare/undertake that

- (i) The above named my family members are wholly dependent upon me and are also residing/not residing with me.
- (ii) That the income of above indicated each family members (other than spouse) from all sources including Pension/Family Pension and Pension equivalent of DCRG is Rs.3,500/-(or less) plus the amount of Dearness Relief admissible on the Rs.3,500/-. In this regard, an Affidavit is required to be submitted by the official/officer.
- (iii) My spouse is not in service. If in service, a certificate or joint Declaration Form duly attested by the office of the spouse indicating, who will be preferring the claim, is required to be submitted by the Official/officer.
- (iv) That my Father/Mother/Father-in-law/Mother-in-law is/ are not a retired pensioner. If, yes, attached the income certificate for the amount of pension drawn by him/them.
- (v) That any change in the list of Family members or in their dependency status will be intimated to the University.
- (vi) That the above information furnished by me is correct and that no information has been concealed or misrepresented. If any information is found wrong at any stage, I shall be held liable for the same.
- (vii) In case any verification is carried out by the university about the income of dependent members and the same is found incorrect/false, a strict disciplinary action may be taken against me.

Place: _____

Signature of the Employee

Date: _____

DECLARATION REGARDING HOME TOWN

1. Name of the employee: _____
2. Designation : _____
3. Department/Section : _____
4. Particulars of Home Town: _____
Address : _____
: _____
: _____
PIN- _____
5. Nearest Railway Station: _____

I do hereby declare that all the information furnished above me is correct.

Place: _____

Dated the: _____

Full Signature of the Employee

PARTICULARS FOR FAMILY/DEPENDENT IDENTITY CARD

One Passport
size Colour
Photograph

1. Full Name of Family/Dependent Member: _____
(in capital letters)
2. Name of Employee of the University : _____
3. Designation & Dept/Section of Employee: _____
4. Identity Card No. of Employee : _____
5. Relationship with Employee : _____
6. Father's Name (in capital letters) : _____
7. Mother's Name (in capital letters) : _____
8. Permanent Address (in capital letters) : _____

9. Blood Group : _____
10. Date of Birth : _____
11. Identification Mark : _____
12. Contact No. Telephone No. : _____
Mobile No. : _____

Signature of University employee

Signature of Applicant

Date : _____

Endorsement by S.O./A.R (Estt.), AUS :

PARTICULARS FOR PENSIONER IDENTITY CARD

One Passport
size Colour
Photograph

1. Full Name (in capital letters) : _____
2. Permanent Address (in capital letters) : _____

3. Blood Group : _____
4. Date of Birth : _____
5. Identification Mark : _____
6. Contact No. : _____
7. Date of Superannuation & Date of Birth : _____
8. Post held on Retirement (Pay scale) : _____
9. Last Pay (average emoluments) : _____
10. Qualifying service : _____
11. Pension originally sanctioned : _____
12. P.P.P No. and date : _____

Forwarded by :

Date :

Signature of Applicant