

INDIAN INSTITUTE OF TECHNOLOGY DELHI
Industrial Research & Development Unit

No. IITD/IRD/M-81/ 8398

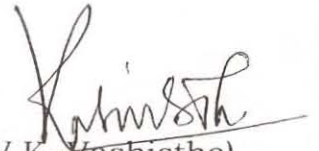
Dated: 4.08.2014

Subject: Medical Insurance scheme for temporary IRD Unit employees and Sponsored Research Project staff working on yearly contractual basis.

IRD Unit proposes to explore the possibility to provide medical insurance which allow cashless hospitalization upto Rs.2 lacs in respect of above mentioned employees. The medical insurance will cover themselves and their dependent family members (as per rules). The cost will be shared in the ratio of 1:2 between the concerned employee and the IRD Unit in respect of IRD employees while in the case of project employees; it will be charged from the project funds only with the prior concurrence of the concerned PI otherwise the concerned employee may opt to make the full payment at his own.

Please find enclosed herewith the form for the purpose. The applicable rates of insurance premium are available in IRD Unit. In case, the said employees are interested, they may fill up the attached form and send it to the IRD Unit through their concerned PI with the NOC with regard to the payment of 2/3rd share from the project funds for further necessary action latest by 08.08.2014 positively.

This issues with the approval of the Competent Authority.



(V.K. Washistha)

Assistant Registrar (IRD)

Distribution:

- | | |
|--|--|
| 1. All HoDs/HoCs} | The contents may be circulated amongst the concerned PIs and Project staff working in your Deptt./Centre for information and necessary action. |
| 2. All PIs/CIs } | |
| 3. Dean (R&D) | |
| 4. Associate Dean (R&D) | |
| 5. A.R. (CDN) | |
| 6. A.R. (IRD A/Cs.) | |
| 7. A.R. (IRD) | |
| 8. Sh. S.K. Bansal, SDP : - To send e-mail to all faculty members. | |

**ENROLLMENT FORM
NATIONAL INSURANCE CO. LTD.**

NAME & ADDRESS OF PROPOSER: INDIAN INSTITUTE OF TECHNOLOGY DELHI

EMPLOYEE'S DETAILS:-

1. NAME OF THE EMPLOYEE: NAME _____ SURNAME _____ EMP. ID NO. _____

2. ADDRESS: _____ PH. NO. _____

3. TOTAL NO. OF MEMBERS TO BE COVERED: (in figures) _____ (in words) _____

4. FAMILY DETAILS:-

S.NO.	NAME	DOB MM/DD/YY	SEX	RELATION	EMPLOYEE'S SIGNATURE
				SELF	
				SPOUSE	
				CHILD 1	
				CHILD 2	
				CHILD 3	
				CHILD 4	
				* FATHER	
				* MOTHER	

PHOTOGRAPHS OF EMPLOYEE & HIS/HER FAMILY MEMBERS:

EMPLOYEE	SPOUSE	CHILD 1	CHILD 2
NAME _____	NAME _____	NAME _____	NAME _____
_____	_____	_____	_____

CHILD 3	CHILD 4	* FATHER	* MOTHER
NAME _____	NAME _____	NAME _____	NAME _____
_____	_____	_____	_____

*Father/Mother # in case of married female employees, she can opt either her own parents or parents- in-laws to be covered under mediclaim scheme of company

Verified by IIT, Delhi