INDIAN INSTITUTE OF TECHNOLOGY DELHI
Industrial Research & Development Unit

No. IITD/IRD/M-81/ 250657 Dated: 18.08.2020

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

As per past practice, IRD Unit proposes to explore the possibility to provide medical insurance which allows cashless hospitilization upto Rs.2.00 lacs in respect of above mentioned employees for the year 2020-2021. 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 being finalized and will be available in IRD Unit very soon. 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 25.08.2020 positively. No application/form will be entertained after 25.08.2020.

This issues with the approval of the Competent Authority.

Assistant Registrar (IRD)

Distribution:

1. All HoDs/HoCs, All PIs/CIs — The contents may be circulated amongst the concerned PIs and Project staff working in your Deptt./Centre for information and necessary action.
2. Dean (R&D)
3. Associate Dean (R&D)
4. D.R. (Health Unit)
5. A.R. (IRD A/Cs.)
6. A.R. (IRD)
7. Web Master Institute : - For circulation to all faculty members.

Enrollment Form

Annexure B

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 DD/MM/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