

CSIR-CENTRE FOR CELLULAR AND MOLECULAR BIOLOGY
Uppal Road, HYDERABAD

REQUISITION FOR ISSUE OF MEDICAL CARDS AND MEDICAL BOOKS FOR CSIR-CCMB STAFF

The Director
CSIR-CCMB, Hyderabad

Sir,

Please find enclosed the details of self and family along with photographs for issuing of Medical Cards and Medical Books :

1	Staff No.	
2	Name of the staff member	
3	Present designation / Section	
4	Date of joining CSIR-CCMB	
5	Date of Birth	
6	Date of Retirement	
8	Address for communication in Hyderabad	
9	Permanent Residential Address	
9	Mobile number	

Details of : SELF / FAMILY / DEPENDENTS

Sl. No	Name	Relation-ship with the Employee	Date of Birth	Age	Occupation	Marital Status	Income from all sources (including dependents)	Blood Group

Yours faithfully,

Date :

(.....)

FOR OFFICE USE ONLY

The above information about dependents has been verified and confirmed for issue of Medical Identity Cards and Medical Books.

Section Officer (E)

Administrative Officer / C O A

Sr Controller of Administration

CERTIFICATE OF UNDERTAKING FROM EMPLOYEES

ANNEXURE II

UNDERTAKING

1. My wife / husband namely _____ is working in _____ (name of organization) and he / she is claiming / not claiming medical facility/LTC/Children Education Allowance from his/her office.
2. I am availing/not availing above services from my spouse's employer.

SIGNATURE OF SPOUSE

SIGNATURE OF EMPLOYEE

CERTIFICATE OF UNDERTAKING FROM EMPLOYEES IN RESPECT OF THEIR DEPENDENT FAMILY MEMBERS

- i. In pursuance of Ministry of Health and Family Welfare OM No.S-11012/2/2016-CGHS-P dated 08.11.2016, I hereby submit the certificate of my dependent family members as follows.
- ii. Income of my dependent family members furnished below does not exceed Rs. 9,000/- plus amount of dearness relief thereon drawn as on 1st January, 2024.

Sl. No.	Name	Age	Relationship with the employee	Marital Status	Occupation (mention the details of occupation)	Income per month of the dependent	If employed / drawing Pension, provide details and state whether any medical facilities is claimed from the employer	Whether dependent is residing with Employee in Hyderabad	Address where the Dependent is residing at present

- iii. Kindly fill the enclosed Annexure, in case the employee's spouse is working in other organization.
- iv. I hereby affirm that the above information provided by me is true to the best of my knowledge and belief. In case of any discrepancy found at any time, suitable action as deemed fit may be initiated against me and excess expenditure incurred if any by CSIR-CCMB in this regard, shall be refunded by me or it may be recovered accordingly.
- v. I also declare that in case there is any change in the dependency status of my above dependent family members, the same shall be intimated to the office immediately, failing which suitable action may please be initiated against me.

SIGNATURE

Name of the Staff Member : _____

Designation : _____

Staff No. : _____

Mobile No. : _____

Enclosures to be attached :

- (a) Aadhar Cards Xerox copies of self and dependents, as applicable.
- (b) Income Certificate issued by Government of India to be provided wherever applicable and required.
- (c) Study certificate / Bonafide certificate in case the dependent is a student.