

**DELHI URBAN SHELTER IMPROVEMENT BOARD****Application Form for Medical Identity Card**

**Read the application form carefully. Fill the form in ENGLISH in CAPITAL LETTERS and in BLUE/BLACK ball point pen only**

Aadhar No.: [\_\_]-[\_\_]-[\_\_]-[\_\_] [\_\_]-[\_\_]-[\_\_]-[\_\_] [\_\_]-[\_\_]-[\_\_]-[\_\_]

1. Name \_\_\_\_\_
2. Father's/Husband's Name \_\_\_\_\_
3. Designation \_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) \_\_/\_\_/\_\_  
Date of Retirement (DD/MM/YYYY) \_\_/\_\_/\_\_
5. Number of existing DUSIB Medical identity Card and date of issue \_\_\_\_\_
6. Pay in pay band \_\_\_\_\_ Grade Pay \_\_\_\_\_
7. Present place of posting \_\_\_\_\_
8. Residential Address (along with pin code) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Telephone/Mobile \_\_\_\_\_
- 10.(i) Are you on deputation? Name of parent Deptt. \_\_\_\_\_
- (ii) Address of Controlling Office of parent Deptt. \_\_\_\_\_
- (iii) Expiry date of Deputation \_\_\_\_\_
11. Details of medical contribution  
(To be attested by DDO) \_\_\_\_\_  
\_\_\_\_\_
- 12.(i) Whether spouse is working in Central Govt./State Statutory Autonomous Body/Public Sector Enterprise/local body/private organization? \_\_\_\_\_

PASTE  
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SIZE PHOTO  
OF 3.5 X 4.5

- (ii) If yes, mention complete name and address of the Spouse office \_\_\_\_\_  
 \_\_\_\_\_
- (iii) Whether medical facilities availing in that office? \_\_\_\_\_
- (iv) Is he/she is willing to avail medical facilities under DUSIB Medical Scheme? \_\_\_\_\_
- (v) If yes, have you submitted the joint declaration form? \_\_\_\_\_
13. Are your children studying or employed? (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from permanent disability irrespective of age limit are treated as dependents.)  
 \_\_\_\_\_
14. (i) Are your parents dependent on you? \_\_\_\_\_
- (ii) Are they living with you and since when? \_\_\_\_\_
- (iii) Are they availing any medical facility as dependent from any other source? \_\_\_\_\_
- (iv) Are they pensioner? \_\_\_\_\_
- (v) Details of their income from all sources \_\_\_\_\_

**Declaration**

I solemnly declare that I have the following legal dependent(s) whose photograph(s) is/are affixed below:-

Name of Dependent \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Relation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

1  
 PASTE  
 PASSPORT  
 SIZE PHOTO  
 OF 3.5 X 4.5 cm

2  
 PASTE  
 PASSPORT  
 SIZE PHOTO  
 OF 3.5 X 4.5 cm

Name of Dependent \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

3  
PASTE  
PASSPORT  
SIZE PHOTO  
OF 3.5 X 4.5 cm

4  
PASTE  
PASSPORT  
SIZE PHOTO  
OF 3.5 X 4.5 cm

Name of Dependent \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

5  
PASTE  
PASSPORT  
SIZE PHOTO  
OF 3.5 X 4.5 cm

6  
PASTE  
PASSPORT  
SIZE PHOTO  
OF 3.5 X 4.5 cm

Name of Dependent \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

7  
PASTE  
PASSPORT  
SIZE PHOTO  
OF 3.5 X 4.5 cm

8  
PASTE  
PASSPORT  
SIZE PHOTO  
OF 3.5 X 4.5 cm

2. That the total monthly income (from all sources including income from house/other immovable property/fixed deposit etc.) of my dependent father and/or dependent mother is less than Rs.3500/-
3. That my child/children is/are dependent on me and is/are NOT earning Rs.3500/- or more per month & that my daughter(s) is/are NOT married. That age of my son/sons is/are not more than 25 years.
4. That in case of any change in the status of my dependents (due to death, marriage, employment), I will inform Senior AO (Medical) at the earliest and will stop availing DUSIB Medical facilities. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for disciplinary action should I fail to do so.
5. That I am NOT a member of any other medical scheme funded by Central Govt. PSU or any other Pvt./Govt. organization.
6. That my spouse & dependent family member(s) is NOT a member of CGHS or any other Govt./Pvt. Medical Scheme.
7. I understand that in case I have submitted any incorrect information, or if my DUSIB Medical Identity Card is misused or used by any unauthorized person, my membership will be cancelled without any notice or further hearing. In addition, I will pay the entire cost of expenditure incurred on such unauthorized person(s). I will also be liable for legal action by the DUSIB. I will also immediately report the loss of my DUSIB Medical Identity Card to the Medical Cell, DUSIB.
8. I shall return my Medical Identity Card issued to me to Medicard Section on retirement/cessation of Service/Deputation/Reversion to my parent department.



## **Employees for Delhi Urban Shelter Improvement Board**

1. Please read the application form carefully before filling the form in ENGLISH in CAPITAL LETTERS and in BLUE/BLACK ball point pen only.
2. Please paste recent colour photograph of size 3.5 cm x 4.5 cm in white background of self and dependents showing frontal view of full face. Photographs should be clear with white background.
3. Please put your Signature of Thumb impression within the box provided on the first page.
4. **Name** – Should be as per Service Record using maximum of 20 Characters including space.
5. **Father's/Husband's Name** – Should be as per Service Record using maximum of 20 Characters including space.
6. **Designation** – Your present designation in DUSIB.
7. **Date of Birth/Date of Retirement** – As per your service record.
8. **Date of issue of DUSIB Medical Identity Card and number** – Your existing DUSIB Medical Identity Card number and mention date of issue (If any)
9. **Pay in pay band**- Your present pay drawn at the time of filling up this form in the existing pay band. **Grade Pay** – Write your existing grade pay as per service record.
10. **Present place of posting** – Write name of place where you are presently posted.
11. **Residential Address** – Write your full residential address as given in your service record along with PIN Code.
12. **Telephone /Mobile** – Write your telephone/mobile number where you can be contacted in case of emergency.
13. **Are you on deputation/Name of parent Deptt.** – Write YES or NO. Give name of your parent Department from which you have come on deputation to DUSIB.
14. **Address of Controlling Office of parent Deptt.** – Write complete address of accounting authority of your organization from which you have come on deputation to DUSIB.
15. **Expiry date of Deputation** – Write the date when your Deputation to DUSIB would finish.
16. **Details of Medical Contribution (To be attested by DDO)** – Mention amount of deduction made from your salary under existing medical scheme duly attested by DDO.
17. **Whether spouse is working in Central Govt. /Private organization** – Write YES or NO.

18. **If yes, mention complete name and address of the Spouse office** – If YES, please write full name and address along with PIN Code of the office.
19. **Whether Medical facilities availing in that office** – Write YES or NO.
20. **Is he/she willing to avail medical facilities under DUSIB Medical Scheme** – Please give your willingness i.e. YES or NO.
21. **If yes, have you submitted the joint declaration form** – If you are willing to avail medical facilities under DUSIB Medical Scheme, then please fill the Joint Declaration form duly filled by office of the spouse to be submitted to Sr. AO Medical Cell, Vikas Kutir/Punerwas Bhawan.
22. **Are your children studying ..... treated as dependents)** – Write YES or NO.
23. **14(i) Are your parents dependent on you** – Write YES or NO.
24. **Are they living with you and since when** – Write YES or NO. Write month and year since when your parents have been residing with you.
25. **Are they availing ..... From any other source** – Write YES or NO.
26. **Are they pensioner** – Write YES or NO.

**DELHI URBAN SHELTER IMPROVEMENT BOARD**

**Application Form for Medical Identity Card for DUSIB Pensioners**

**Note: Read the application form carefully before filling the form in ENGLISH in CAPITAL LETTERS and in BLUE/BLACK ball point pen only**

PASTE  
PASSPORT  
SIZE COLOURED PHOTO  
OF 3.5 X 4.5 CM WITH  
WHITE BACK GROUND

1. Name \_\_\_\_\_
2. Father's/Husband's Name \_\_\_\_\_
3. Designation at the time of retirement \_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) \_\_/\_\_/\_\_ Date of Retirement (DD/MM/YYYY) \_\_/\_\_/\_\_
5. Last Basic Pay Drawn \_\_\_\_\_ PPO No. \_\_\_\_\_  
(Excluding Grade Pay)
6. Residential Address (along with pin code) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Telephone/Mobile \_\_\_\_\_
8. Number of existing DUSIB Medical Identity Card and date of issue \_\_\_\_\_
9. Number of existing Biometric Medical Card collected while in service and date of surrender \_\_\_\_\_

Following contributions has/have been paid by me. Copies of receipt are attached.

<b>Sl. No.</b>	<b>Receipt No.</b>	<b>Date</b>	<b>Amount</b>	<b>Remarks (Receipt attached/ not attached)</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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**VERIFICATION**

- (a) Medical contribution of Rs. ....../- has been paid by above named pensioner vide cash receipt has been verified from the records/receipts.
- (b) Further the entitlement of the member included in this card has been checked strictly as per DUSIB Medical Scheme/CS (MA) Rules.

Entitled to Category:-                      **Private**        /        **Semi-Private**        /        **General Ward**

AD Medical/Sr. AO (Medical)

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**For Office Use Only**

Card No. \_\_\_\_\_ Issued on \_\_\_\_\_

**DELHI URBAN SHELTER IMPROVEMENT BOARD**

**Application Form for Medical Identity Card for DUSIB Family Pensioners**

**Note: Read the application form carefully before filling the form in ENGLISH in CAPITAL LETTERS and in BLUE/BLACK ball point pen only**

PASTE  
PASSPORT  
SIZE COLOURED PHOTO  
OF 3.5 X 4.5 CM WITH  
WHITE BACKGROUND

1. Name of Family Pensioner \_\_\_\_\_
- 2.(i) Name of DUSIB Employee \_\_\_\_\_
- (ii) Father's /Husband's Name of DUSIB Employee \_\_\_\_\_
- (iii) Relationship of Family Pensioner with Employee \_\_\_\_\_
- (iv) Date of retirement/Death of DUSIB Employee \_\_\_\_\_
- (v) Designation at the time of Retirement/Death of DUSIB Employee/Pensioner \_\_\_\_\_  
\_\_\_\_\_
- (vi) Basic Pay at the time of Retirement/Death of DUSIB Employee/Pensioner \_\_\_\_\_
- (vii) PPO No. \_\_\_\_\_
3. Date of Birth (DD/MM/YYYY) of Family Pensioner \_\_\_\_\_
4. Number of existing DUSIB Medical identity Card and date of issue \_\_\_\_\_
5. Number of existing Biometric Medical Card collected while in service and date of surrender \_\_\_\_\_
6. Residential Address (along with pin code) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Telephone/Mobile \_\_\_\_\_

**For Office Use only**

Certified that information furnished by the applicant has been verified.

Further the entitlement of the member included in this card has been checked strictly as per DUSIB Medical Scheme / CS (MA) Rules.

**Entitled to Category:- PRIVATE / SEMI PRIVATE / GENERAL WARD**

Sr. AO(Medical)/(Pension)

Signature (DDO)

Name \_\_\_\_\_ Designation \_\_\_\_\_ Name \_\_\_\_\_ Designation \_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_

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Sh./Smt. \_\_\_\_\_ Enrolled in DUSIB on dated  
\_\_\_\_\_ issued Medical Identity Card No. \_\_\_\_\_

Date: \_\_\_\_\_

D.D.O./AO (Medical)