



राष्ट्रीय फैशन प्रौद्योगिकी संस्थान
National Institute Of Fashion Technology
स्थापना-I विभाग, निफ्ट मुख्यालय
Establishment-I Department, NIFT Head Office
हौज़ खास, नई दिल्ली
Hauz Khas, New Delhi

F.No.: NIFT/HO/Medical Health Card/Superannuated Employees/2021/77 Dated 29.09.2021

OFFICE MEMORANDUM /77

Subject: Health Card to the Superannuated NIFT Employees

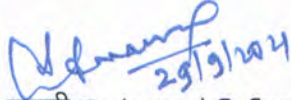
As per the existing norms, NIFT employees, after superannuation are not entitled for medical facilities under CGHS. As a result, superannuated NIFT employees are compelled to pay market rates for their medical expenses and hospitalization, which imposes considerable financial burden on them. Therefore, for a very long time representations from retired employees were received to address this issue.

Therefore, the matter was placed before the Board of Governors of NIFT in its 51st meeting held on 22.12.2020 for consideration. After due deliberations, it is decided that Health cards can be issued to the superannuated employees as a welfare measure without any financial liability on NIFT.

The Health Card would have lifetime validity to enable the superannuated employees and their dependent(s) to avail of the medical facilities of the OPD and IPD, at CGHS rates at all CGHS empanelled hospitals and diagnostic centers **on self-payment basis**. This Card shall not make the cardholders entitle for cashless facility.

This facility is for all the regular NIFT employees after their superannuation as well as to those regular employees who have retired in the past. This benefit shall not be extended to those employees whose services were terminated or to those who resigned from NIFT for any reason whatsoever.

Campus Directors are advised to issue the Health Cards of superannuated employees after receiving the application in the prescribed format. The specimen of the Health Card for printing and format of Application Form are attached herewith.


सदानंद जी. स्वामी/Sadanand G. Swami
पंजीयक/Registrar

Encl: a/a

सेवा में / To:

1. CVO
2. Dean (A)/ Director (HO)/Director (F&A)
3. All Campus Directors
4. All HODs – NIFT Head Office
5. Director (NRC)/(IT) – for information / uploading of NIFT Website
6. Guard File
7. PS to DG NIFT for information



राष्ट्रीय फैशन टेक्नालजी संस्थान/National Institute of Fashion Technology

वस्त्र मंत्रालय, भारत सरकार/ Ministry of Textiles, Govt. of India

निफ्ट मुख्यालय / केन्द्र -----

चिकित्सा स्वास्थ्य कार्ड के लिए आवेदन पत्र (सेवानिवृत्त कर्मचारी) / Application Form – Medical Health Card (Retired Employee)

सेवानिवृत्त कर्मचारी का नाम /Name of the Employee : -----

मोबाइल न./ (आपातकालीन न.)/Mobile No./ (Emergency No.): -----

आवासीय पता /Residential Address : -----

सदस्यों / (आश्रितों) का विवरण /Details of the members (Dependents)

| क्रम संख्या / S. No. | नाम / Name | जन्म तिथि / Date of Birth | कर्मचारी के साथ संबंध / Relationship with Employee | आधार न. / Aadhar No. (प्रतिलिपि संलग्न करनी है / Copy of Aadhar to be attached) |
|----------------------|------------|---------------------------|--|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

नोट / Note : "परिवार" में पत्नी (अथवा पति), बच्चे / सौतेले बच्चे, आश्रित माता -पिता, बहन और नाबालिग भाई, विधवा पुत्री/बहन और आश्रित तलाक़शुदा /अलग पुत्री, पुत्र 25 वर्ष से कम आयु का और बेरोजगार, पुत्री बेरोजगार, उम्र सीमा का बावजूद अविवाहिता। यदि वे कर्मचारी के साथ रहते हैं और सभी स्रोतों से उनकी मासिक आय रु 9000/- से कम है।

"Family" includes wife (or husband), children / step children, dependent parents, sister and minor brother, widowed daughter / sister and dependent divorced / separated daughter, sons aged below

25 years & unemployed, daughter unemployed, unmarried irrespective of age limit. If they are residing with the employee and their monthly income from all sources is less than Rs. 9000/-.

प्रमाण पत्र / Certificate:

- (क) मेरे माता - पिता नाम-----पूर्ण रूप से / मुख्य रूप से मेरे ऊपर आश्रित है/हैं और कि वे / वह आमतौर पर मेरे साथ -----रहते है। मेरे माता / पिता की कुल मासिक आय रु. 9000/ प्रति महीने से अधिक नहीं है।
- (a) My father / mother namely -----is / are wholly / mainly dependent upon me and that he / she / they normally reside with me in ----- . The total monthly income of my father / mother does not exceed Rs. 9000/- per month.
- (ख) मेरा सुपुत्र / भाई -----आयु -----वर्ष बेरोजगार है और पूर्ण रूप से मेरे ऊपर आश्रित है।
- (b) My son / brother ----- age-----years is unemployed and wholly dependent on me.
- (ग) मेरी सुपुत्री / बहिन -----आयु-----वर्ष अविवाहित / बेरोजगार है तथा पूर्ण रूप
- (घ) © My daughter / sister ----- age -----years is unmarried / unemployed and wholly dependent on me.
- (ङ) यह कार्ड धारक कैशलेस सुविधा का हकदार नहीं है।
- (d) This card holder is not entitled for cashless facility.

सेवानिवृत्त कर्मचारी के हस्ताक्षर—

Signature of Retired Employee

दिनांक / Date : *



राष्ट्रीय फैशन प्रौद्योगिकी संस्थान, नई दिल्ली
(वस्त्र मंत्रालय, भारत सरकार)
National Institute of Fashion Technology, New Delhi
(Ministry of Textiles, Government of India)

HEALTH CARD
RETIRED EMPLOYEE

To affix family photograph

No.....

NAME IN FULL :

AGE :

OFFICE/ DEPT. :

RESIDENTIAL ADDRESS:.....

.....

.....

.....

Instructions:

- The loss of this Card should be reported immediately to the Head of Office and to the nearest Police Station.
- Fresh Card will be issued on payment of Penalty of RS.100/-
- Misuse of this Card is an offence and will render the NIFT employee concerned liable to disciplinary action.
- In case of change of residence, the holder should get the residential address changed.

Date of issue:

Valid till :

DETAILS OF FAMILY MEMBERS

| SN | Name | Date of Birth | Relationship |
|-----|------|---------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Note :

"Family" includes Wife (or Husband), Parents, Sisters, Widowed Sisters/ daughters and dependent/divorced daughter(s) minor brothers & children / step children, sons-aged below 25 years & unemployed, daughters unemployed, unmarried irrespective of age limit. If they are residing with the employee and their monthly income from all sources is less than Rs.9000/-.

Signature of Retd. Employee Signature/Seal of the Issuing Authority

HEALTH CARD FOR RETIRED EMPLOYEE

CERTIFICATE

Unique Beneficiary ID No.....

- My *father* / *mother* namely.....is / are wholly / mainly dependent upon me and that he / she / they normally reside with me in The total monthly income of my father / mother does not exceed RS.9000/- per month.
- My son/brotherAgeYears is unemployed and wholly dependent on me.
- My *daughter* /sisterAge.....Years is unmarried / unemployed and wholly dependent on me.

• This card holder is not entitled for cashless facility.

Signature of Retd. Employee



राष्ट्रीय फैशन प्रौद्योगिकी संस्थान, नई दिल्ली
(वस्त्र मंत्रालय, भारत सरकार)
National Institute of Fashion Technology, New Delhi
(Ministry of Textiles, Government of India)
A college of Design, Management and Technology
NIFT Campus, Hauz Khas, Near Gulmohar Park,
New Delhi- 110 016