

SAHA INSTITUTE OF NUCLEAR PHYSICS
Sector – 1, Block – AF, Bidhannagar, Kolkata – 700 064.

DECLARATION FORM FOR MEDICAL BENEFITS (SINP CMBS/CSMA) **

Sl. No.	Names of dependent members of family					
	Name	Address	Date of Birth	Age	Relationship	Occupation

Certified that the above information is true to the best of my knowledge and the above mentioned members are wholly dependent on me in terms of CMBS Rules, as amended from time to time.

The income of the above mentioned dependent members (except spouse) from all sources is less than the prescribed maximum limit for becoming dependent as per CMBS Rules. In case of spouse (if employed), the necessary certificate about non-availing Medical facilities from the employer is enclosed. I am aware that I am liable for disciplinary action in case of false declaration or submission of false claim.

I hereby opt for the Contributory Medical Benefit Scheme (CMBS) of the Institute and authorise the Director, Saha Institute of Nuclear Physics, Kolkata to deduct my contribution and also to deduct additional sum for each eligible additional dependent listed above from my salary every month as per Institute CMBS rules. I also certify that the above declaration is correct and true.

Signature of the employee with date:

Name in full :

ID No. :

Designation :

Division :

Checked & Verified

A.A.O (Estt.)

Establishment Officer

**** (To be submitted in duplicate)**

Please see reverse for general information, filling up instruction. Please follow the rules as far as possible.

Saha Institute of Nuclear Physics, Kolkata

APPLICATION FORM FOR ADDITION / DELETION OF DEPENDANT
MEMBER UNDER CMBS /CSMA**

Employee ID -

1. NO. OF SINP IDENTITY CARD :
2. NAME OF THE EMPLOYEE :
3. DIVISION IN WHICH WORKING :
4. NEW ADDITION / DELETION : (documentary evidence to be attached)

Sl. No.	Name	Date of Birth	Relation

5. SIGNATURE OF EMPLOYEE :

Date:

6. SIGNATURE AND DESIGNATION OF ISSUING AUTHORITY / SEAL :

**** (To be submitted in duplicate)**