

File No.2-ITPO(4)/E-I/2018 India Trade Promotion Organisation (Administration Division, E-I Section)

> Pragati Maidan, New Delhi 18 January 2019

Circular Order No. Admin/ 04 /2019

Subject: - Medical ID Cards for ITPO Employees.

Fresh Medical Cards will be issued to all regular employees of ITPO.

Accordingly, all are requested to provide updated details of self and dependents, if any, as per the prescribed Performa to concerned personnel desks (E-II/E-III) latest by 31/01/2019 (Friday). Copy of old Medical Card may be attached.

Performa is available at Personnel desks and ITPO website.

(Nazneen Begum) Manager (Admin)

To:

All concerned

Copy for kind information:

- 1. PS to CMD
- 2. PS to ED
- 3. GM(Admin)
- 4. E-II/E-III Section
- 5. Notice Braced. 6. Computer Div. For uploading on ITPO medsite.

India Trade Promotion Organisation

(Administration Division)

PROFORMA _ MEDICAL PHOTO ID CARD

(To be submitted in 2 originals)

1.	Name of the Employee				
2.	Designation				
3.	Employe	e Number			
4.	Scale of	Pay & Basic Pay			
5.	Residential Address				
6.	Employee's Mobile No.				
7.	Emergency Mobile No.				
8.	Date of Superannuation				
9.	Details of Family/		Stamp Size photo of each eligible dependent member of		
	Eligible Dependents		family including self		
(i) Stamp		Name : DoB :		(ii) Stamp	Name : DoB :
size		Relation :		size	Relation :
photo		Married (Y/N) :		photo	Married (Y/N) : Employed (Y/N) :
		Employed (Y/N) : Valid till :			Valid till :
(iii) Stamp size photo		Name : DoB : Relation : Married (Y/N) : Employed (Y/N) : Valid till :		(iv) Stamp size photo	Name : DoB : Relation : Married (Y/N) : Employed (Y/N) : Valid till :
(v) Stamp size photo		Name : DoB : Relation : Married (Y/N) : Employed (Y/N) : Valid till :		(vi) Stamp size photo	Name : DoB : Relation : Married (Y/N) : Employed (Y/N) : Valid till :

Note: Enclose legible photocopy (front & back on same page) of current Medical ID Card

10. I, (Employee Name) certify that, as per rules, able bodied sons of age 25 years and above and married/earning sons & daughters, have been excluded. That all the members are normally residing with me. And that none of the eligible dependents (except spouse) have monthly Income above Rs.9,000/- (Rupees Nine thousand) plus the amount of dearness relief on basic pension of Rs.9,000/-, as on date of consideration.

11. That who is working with (Employer & address) my spouse, name, included herein, is not availing medical facilities from any source other than ITPO. Certificate to this effect shall be submitted within a month.

12. I undertake to intimate ITPO immediately if there is any change in dependency criteria of family members, failing which ITPO will be free to initiate suitable action against me.

13. I undertake to surrender the Medical ID Card, on my leaving ITPO, on retirement/termination/resignation or on ceasing to be eligible for Medical facilities.

14. I affirm and certify that the information furnished by me in this application is true and that no information has been concealed or misrepresented.

(Signature of the applicant)

Enclosures:

1. Proof of Residence

2. Proof of age and relationship of family members.

3. Photocopy of last Medical Photo ID Card.

To be processed by Establishment Section II/III

The information furnished by applicant, Sh./Smt./Miss Designation, as per foregoing, has been checked and found to be prima-facie correct.

(Dealing Hand)

Deputy Manager / Manager (E.II/III)