आई सी एम आर – राष्ट्रीय विषाणु विज्ञान संस्थान
स्वास्थ्य अनुसंधान विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
ICMR - NATIONAL INSTITUTE OF VIROLOGY
Department of Health Research
Ministry of Health & Family Welfare, Govt. of India

No. NIV/Bills/MR/2025/I- 2155

Date: 07 FEB 2025

CIRCULAR

Sub: Submission of Declaration of Dependents for medical facilities - 2025

All the regular employees and pensioners of the Institute are requested to submit the enclosed Declaration of Dependents form for availing medical facilities for the calendar year 2025, latest by 25th February 2025.

Kindly ensure that all details are accurately filled out, as incomplete submissions may lead to delays in processing. Please note that submission of this form is essential to avail medical benefits for yourself and your dependents. Hence, please ensure timely submission, as medical facilities cannot be extended to employees, pensioners, or their dependents without a valid declaration. Attach relevant documents, if required, to verify the dependency status.

In addition to the physical form, please complete the required details using the **Google Form link:** https://forms.gle/yUV3LHd5cUs8foP87 (available on NIV Website), to facilitate the smooth compilation of the information and processing of medical benefits for you and your dependents.

Kindly ensure the timely submission of all necessary documents.

07/02/2025

Drawing and Disbursing Officer

Distribution:

1. Director's Office
2. All Notice Boards.
3. All OICs of NIV Units
4. Guard File
5. IT Team (to upload on NIV website)

20 - ए.डा. आंबेडकर मार्ग, पोस्ट बॉक्स संख्या 11, पुणे – 411 001, भारत.
20-A, Dr. Ambedkar Road, Post Box No. 11, Pune 411 001, India
Tel.: NIV Camp +91-020-26127301, 26006290, Fax : 26122669
NIV Pashan +91-020-26006390 Fax : 25871895
E-mail : director.niv@icmr.gov.in Website : www.niv.co.in

ICMR-NATIONAL INSTITUTE OF VIROLOGY

DECLARATION OF FAMILY MEMBERS FOR MEDICAL FACILITIES

1. Name of Employee/Pensioner : _____
2. Designation : _____
3. Date of Birth : _____
4. PPO Number (in case of Pensioner) : _____
5. Basic Pay/Pension drawing presently: _____
6. Mobile Number : _____
7. E-mail id : _____

SN	Name of the Family Member	Date of Birth	Relationship with the employee	Occupation	Average monthly income from all sources	Remarks
1	2	3	4	5	6	7
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

The term 'family' for the purpose of the Central Services (Medical Attendance) Rules, 1944, shall mean a Government servant's wife or husband, as the case may be, and parents, sisters, widowed sisters, widowed daughters, minor brothers, children, stepchildren divorced / separated daughters and stepmother wholly dependent upon the Government servant and are normally residing with the Government servant.

DEPENDENCY: The income limit for dependency of the family members (other than spouse) is Rs.9000/- (Rs. Nine Thousand Only) plus the amount of Dearness Relief admissible on Rs.9000/- on the date of consideration of the claim.

After reviewing the definition of 'Family' for the purpose of availing medical facilities under the rules, I hereby declare that the family members listed above are accurate, and if any false information is found at any stage, I accept responsibility and understand that I shall face disciplinary action.
I also confirm that neither I nor my dependent family members are receiving medical facilities from any source other than those I am claiming from the Institute (ICMR-NIV) under the CSMA/CGHS rules.

Encl: (1) Self attested photocopy of identity card of employee/pensioner
(2) Self attested photocopies of income proof of dependent parents / parents-in-law.

Date:_____

(Signature of Employee/Pensioner)
Name: _____