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/Med Dep/I- 2096

Date: - 1st February 2024

CIRCULAR

All NIV staff members are hereby requested to submit the declaration and certificate for Medical Aid to a dependent member in the prescribed form by 15th February 2024. Declaration Form is available at **NIV WEBSITE (niv.icmr.org.in) and also at NIV Bills Section.**

1. Dependent includes the family member other than spouse, whose income from all sources is less than Rs.9000 /- per month. A revised Pension plus the amount of Dearness Relief as on the date of consideration of the claim (As per 7th Pay Commission Recommendations). Pension equivalent of Gratuity, recurring monthly income from all sources such as house, land holdings, etc. should however be taken into account for the purpose of assessing the income and the same should not exceed Rs. 9000/- per month. The individual concerned should submit the photo copy of documentary evidence of Govt. /Private Sector Firms etc. to prove the income.

2. All other conditions of CS (MA) Rules 1944 shall apply to finalize the medical claim.

01/02/2024

A B Palkar
Drawing and Disbursing Officer

Copy to:

1. All Notice Boards of NIV/MCC
2. OIC, Mumbai Unit
3. OIC, Bangalore Unit
4. OIC, Kerala Unit
5. Office Copy

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E-mail : director.niv@icmr.gov.in Website : www.niv.co.in

ICMR-NATIONAL INSTITUTE OF VIROLOGY, PUNE

DECLARATION OF DEPENDENTS FOR PURPOSES OF MEDICAL AID (Year 2024)

Certified that the following person(s) other than my family is/are wholly dependent on me and are residing with me. Their monthly income from all sources is Rs. ---------- per month.

Sr No.	Name	Age	Relationship

Note: The term "FAMILY" includes only wife (or husband) and parents, children and step-children wholly dependent upon the Government Servant and does not include parent-in-laws, step-parents, brothers, sister, widow sister, etc. dependents whose total monthly income does not exceed the maximum of Rs. 9000/- per month are treated as dependent to the employee.

Place: Pune

Signature: ----------

Name: - ----------

Designation: ----------

Certificate

Certified that I, Shri/ Smt. ----------(Name) employed in NIV, Pune is not availing of medical facilities or financial/ medical allowance in lieu thereof either for myself and /or the members of my family from any other source than under the CS(MA) Rules1944.

Date: ----------

Signature of the Govt. Servant Concerned