	Tan Yura Ban	ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR (स्वास्थ्य एवं परिवारकल्याण मंत्रालय , भारत सरकार केअधीन राष्ट्रीय महत्व का संस्थान) (An Institution of National Importance under Ministry of Health & Family Welfare) भारतसरकार/ Government of India							
			APP	LICATI	ON FOR	EHS CAR	RD		
Please t	ick (v) which is applica	able and strike	e out of (X)	which	ever not	applicable	е.		
	Applying for E.H.	S. Card:		New			Re-issue		
	If yes, EHS No								
	1. Name of the	applicant:			•••••		Bio	metric Id	
	2. Category: Pleas	se tick (V) whic	hever is app	oropriate	e				
	a. Servio	e Employee: R	egular 📃	/C	Contractua	al 🗌	/ on deputati	on	
	b. Resid	ent: Senior Res	ident	/J	unior Res	ident	/Student	Research Staff]
	c. Post-F	Retirement-: Ex	-Employee]				
	3. Designation:			4	4. Name c	of Departme	ent		
	5. Pay band+Basic	c pay:					6. Blood Gro	up (ABO RH system)	
	7. Entitlement cla	ss: - Ge	en.Ward				Pvt.	Ward	
	8. Office Address								
	9. Correspondence								
	10. Permanent Ad								
	11. Mobile Numb								
	12. E-mail addres	s:					Date of Bi	rth	
13 a) Date of Joining: -									
b) Date of superannuation (in case of serving AIIMS employee):									
	c) Date of cor	mpletion of ten	ure (in case	of resid	dents, res	earch staff,	, []][
	Ph.D. Scho	olars & deputat	ion staff as	applicat	ole): -		D/ D	M/M Y/Y/Y/Y	
	14.Details of dep	endent: (incluc	ling self)						
6-	(* Pleas Name of self &	se see definition		-			-	Email Id	مدادانا الماني
Sr. No.	Name of self & dependent	Relations hip with EHS Card Holder	Date of Birth	Gen der	Blood Group	Marital Status	Mobile No.	Email Id	(Validity be filledk Concerne Establish nt Section)
1									
2									

Sr. No.	Name of self & dependent	Relations hip with EHS Card Holder	Date of Birth	Gen der	Blood Group	Marital Status	Mobile No.	Email Id	(Validity to be filledby Concerned Establishme nt Section)
1									
2									
3									
4									
5									
6									
7									
8									

15. Are all the persons whose names are given above are dependent upon you?

Yes No

- I. Please attach proof of their relationship with you, like copy of EHS token card issued Aadhaar Card/ Ration Card/Election Card/ Passport/ Identity Card issued by college/ School/ University/ Bank pass book etc.
- II. Please attach proof of dependency in respect of age of son(s) & daughter(s) with reference to dependency criteria attached herewith at page 4.

Name:	Name:	Name:	Name:
Sign	Sign	Sign	Sign
Aadhaar no	Aadhaar no	Aadhaar no	Aadhaar no
Name:	Name:	Name:	Name:
Sign	Sign	Sign	Sign
Aadhaar no	Aadhaar no	Aadhaar no	Aadhaar no

16.Paste one Photograph of each member of dependent Family members including self.

- 1) I certify that my family members as above are wholly dependent on me.
- 2) I undertake to intimate immediately if there is any change in dependency criteria of my family members including in this application form. If I fail to intimate and if the authorities come to know of the same, then the E.H.S. facility is liable to be withdrawn by the AIIMS and /or appropriate authority will be free to initiate any action against me.
- 3) I undertake to surrender the E.H.S. card(s) on my leaving the AIIMS, Deoghar on completion of tenure/ deputation /retirement/termination/ resignation or on casing to be eligible of EHS benefits.
- 4) I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.
- 5) I certify that I will do EHS beneficiary contribution for whole life (for pensioner only):

DECLARATION

- 1) I hereby declare that my father / mother/ father-in law/ mother-in law namelyis/are wholly / mainly dependent upon me and that he / she / they normally reside with me at Deoghar/ AIIMS, Deoghar.
- 2) I also certify that my father namelyand mother namely.....and ependent on me and their income from all sources including Pension / Family pension and Pension equivalent of DCRG does not exceed Rs. 9000 per month plus the amount of Dearness Relief there on.
- 3) I certify that my sonage years is unmarried / unemployed and wholly dependent on me.
- 4) I certify that my daughterageageyears is unmarried / unemployed/Widowed and whollydependent on me.
- 5) I undertake to surrender the E.H.S. Identity Card on my leaving the Institute on transfer / retirement / termination of service, resignation etc.

Signature of the Institute employee.

(TO BE VERIFIED BY THE CONCERNED ADMIN.OFFICER / ESTABLISHMENT SECTION)

- 2. Finance division AIIMS Deoghar has been intimated about required deduction towards the E.H.S. subscription every month from the salary of the applicant.
- 3. It is requested to consider for the issue of New E.H.S. photo Cards and E.H.S. Books to the beneficiary/ beneficiaries as per E.H.S. token card.

Signature of the concerned Administrative Officer

(To be filled by the E.H.S. Cell)

E.H.S. No.______has been allotted to the applicant by the E.H.S. Cell.

Sign

Signature with Seal Chairperson EHS.Cell

Contd.....

INSTRUCTIONS

Definition of Family:

(1) Husband / Wife*

(* First wife only)

- (2) Dependent Parents / Step Mother (in case of adoption, only adoptive & not real parents)
- (3) If adoptive father has more than one wife, the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents in law; option exercise can be changed only once during service.
- (5) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier?
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier?
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.

For the purpose of availing E.H.S. facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

'Disability' will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:

- "(1) "DISABILITY' MEANS
 - (I) BLINDNESS
 - (II) LOW VISION
 - (III) LEPROCY CURED
 - (IV) HEARING IMPAIRMENT
 - (V) LOCOMOTOTR DISABILITY
 - (VI) MENTAL RETARDATION
 - (VII) MENTAL ILLNESS"

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000/- + DR per month are treated as dependents and are normally residing with E.H.S. beneficiary.

The Following Documents are to be enclosed:

- (I) **Proof of Residence / Stay of dependents** {copy of Aadhaar Card/ Ration Card / Election ID / Pass Port / Identity card issued by College/School/University/Bank Pass Book, etc.
- (II) Proof of age of son -
- (III) Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)

For Pensioners applying for E.H.S. card for the First time the following Additional Documents are required:

(IV) Surrender Certificate of E.H.S. Card while in service.

(V) Attested copies of PPO & Last Pay Certificate. Contribution by Pensioners should be made through Challan/Cash/Cheque/Bank Draft payable in favour of "the Director" AIIMS, Deoghar under due process of concerned Establishment Section AIIMS, Deoghar.