

ANNEXURE – VII
(NEW HEALTH INSURANCE SCHEME 2012)

01	Name of the Employee											
	Contact Mobile No.											
02	Designation											
03	Pay Drawn Particulars	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Pay in PB</td> <td style="text-align: center;">+</td> <td style="text-align: right;">G.P</td> <td style="text-align: center;">=</td> <td style="text-align: right;">Total</td> </tr> <tr> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> <td style="text-align: center;">-</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> <td style="text-align: center;">=</td> <td style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/></td> </tr> </table>	Pay in PB	+	G.P	=	Total	<input style="width: 50px; height: 20px;" type="text"/>	-	<input style="width: 50px; height: 20px;" type="text"/>	=	<input style="width: 50px; height: 20px;" type="text"/>
Pay in PB	+	G.P	=	Total								
<input style="width: 50px; height: 20px;" type="text"/>	-	<input style="width: 50px; height: 20px;" type="text"/>	=	<input style="width: 50px; height: 20px;" type="text"/>								
04	Head of Account in which the Govt. Employee's Contribution is being recovered.											
05	Type of Office Govt./PSU & SB / Local Bodies/Universities / Organisations / Institutions											
06	Office in which Employed											
07	Date of Birth											
08	Date of Appointment											
09	Date of Retirement											
10	Designation of Drawing & Disbursing Officer & Code											
11	Pay Drawing Office attached (PAO / Treasury / Sub-Treasury with Address for Govt.											
12	Employee Code GPF / CPS / TPF No. for Govt. Employees											

**13. Details of the Employee and their :
eligible family Members under the
NHIS 2012**

Sl. NO	Name	Age as on 01.06.12	Relationship to the Employee	Marital Status	Employment Status	Stamp Size Photograph
1			SELF			
2						
3						
4						
5						

Signature of the Employee.

Certified that the above particulars are verified with the Service Register of the Employee.

Signature of Pay Drawing Officer.

Dated.

CERTIFICATE

Sub : Medical Aid - New Health Insurance Scheme,
2012 - Enrolment of Employees - Legal Spouse
Covered - Option exercised - Regarding.
Ref : G.O.Ms.No.243, Finance (Salaries) Department,
dated 29.06.2012.

* * * * *

This is to certify that _____, _____,
_____ School, _____ and
W/o.Thiru. _____, working in
_____ has exercised her
option (younger of the two) for enrolment under New Health Insurance
Scheme 2012 and the monthly subscription of Rs.150/- (Rupees one
hundred fifty only) is being recovered from the salary of
_____, _____, i.e., commences from the
salary payable for the month of July 2012.

This Certificate is issued as per the provisions contained in the
G.O. cited.

To