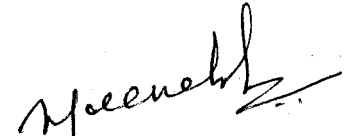


UNIVERSITY OF JAMMU

CIRCULAR

In continuation to this office circular No's. Estab/18/27867-966 dated 28.03.2018 and Estab/17/16947-17046 dated 27.12.2017, it is for the information of all those who have not submitted the annexed proforma / Enrolment Form devised for J&K Govt. Employees Group Health Insurance Scheme are requested to send the same duly signed by the Directors / Heads of the Departments / Branch Officers to the Assistant Registrar (Estab NTW) within three days positively from the date of issuance of this Circular so that the same can be sent to the concerned quarter.

This may be treated as most urgent.


REGISTRAR
12
2019

No: Estab/18/ 13513- 612

Dated: 28/09/18

Copy to:-

1. Spl. Secretary to the Vice Chancellor, University of Jammu for the kind information of the Worthy Vice Chancellor please
2. Sr.P.A. to the Dean Academic Affairs /Dean Research Studies
3. Sr.P.A. to the Registrar/Controller of Examinations
4. Director, DDE/CDC/DLL/DIQA//Physical Education/HRDC/ Centre for Studies in Museology & Sheikh Noor-ud-Din-Noorani Museum of Heritage/DSRS/ Centre for History of Culture of Jammu & Ladakh Region/SHTM/ICCCR&HRM/School of Visual and Performing Arts, Design and Architecture/Centre for Women Studies/ Centre for IT Enabled services & Management/
5. All Rectors / Directors of the campuses of the University
6. Dean Students Welfare/Provosts (Boy's/Girl's Hostels)/Dean Student Placement
7. All Heads of the Teaching Departments of the University
8. I/c General Zorawar Singh Auditorium
9. I/c Librarian, Dhanvantri Library
10. I/c Director, Computer Centre
11. Sr. P.A. to Joint Registrar (Exams)/(CDC/DDE./Finance)
12. Programme Coordinator, NSS
13. Medical Officer, UHC
14. All Wardens of University Hostels
15. All Dy. Registrars/Assistant Registrars
16. Executive Engineer/Manager Guest House
17. PRO to VC, VC Secretariat
18. Security Officer
19. All Sections



Enrolment Form – J&K Govt. Employees / Pensioners Group Health Insurance Scheme

Format Annexed with Circular No. 102-FD dated 6-12-2017

Administrative Department * Directorate/HOD/Controlling office *
DDO Code * District * DDO Name *
Office address of the DDO /Nodal officer
DDO/Nodal officer Contact No * DDO/Nodal officer Email ID

Employee Details (Block letter)

Name of the Employee * Employee DOB * Sex * Employee Mobile No *
Designation of the Employee * Emp. ID Emp. Email ID

Address

Pin Code * Dist * Aadhar Card No

[Handwritten Signature]

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Annexure "A"

Employee can cover any 5 dependents in between spouse/children/parents/siblings

Female employee can cover parents /in laws (any couple) as dependent

Particulars of the Dependents of the employee

Sr. No.	Full Name * (In Block Letters)	Sex (M/F)*	Relationship with Employee*	Date of Birth* (DD/MM/YY)	Aadhar Card No.
1					
2					
3					
4					
5					

Note

1. The employees are required to fill up the prescribed format properly and include only those dependents who are intended to be covered under the policy.
2. The DDOs/Nodal Officers concerned are requested to verify the above details stated by employee.

Signature of Employee

Date:

Place:

Seal & Signature of DDO/Nodal Officer

Note:

1. Form to be filled in **BLOCK LETTERS** and with Ball Pen.
2. Information with * mark is compulsory to be provided by proposer without * form may be rejected.
3. Your mobile number is unique ID no. hence to be used carefully.
4. Aadhar card number if available should also be mention of each member of the family.
5. The form should be verified by DDO stating his name and DDO code number with sign & stamp.



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