



## University of Calcutta

No. A/S/S/Sal/320

Date : 02.02.2018

### NOTICE

Pursuant to the resolution adopted by the Syndicate in its meeting held on 6<sup>th</sup> November, 2017 (vide item no. 14) to implement of Group Health Insurance Scheme named "Swasthya Sathi" as per G.O. No. 827-EH/O/CS/1M/01/2017 dated 26/07/2017 and G.O. No. 911(20)-Edn(U)/EH/1U(NS)-04/16 dt. 16/08/2017 for non-teaching permanent staff of State aided University and Daily Rated/ Casual Non-teaching employees of State aided University of West Bengal it is notified for information of all concerned of non teaching employees of Calcutta University to take part to "Swasthya Sathi" scheme.

Those who are willing to enter in the scheme may submit the prescribed option form duly filled in and signed, before the Audit & Accounts Department, 4<sup>th</sup> Floor, Centenary Building with immediate effect.

Sri Sumitabha Acharya

Accounts Officer

## OPTION FORM

I ..... EMP.CODE. .... Desg.....  
Dept..... would like to enrolment the "SWASTHYA SATHI" scheme and would ready  
to forgo regular medical allowance drawn as part of the monthly salary as per Rule.

### DETAILS OF THE EMPLOYEE

NAME

EMP. CODE

DEPARTMENT

FATHER'S/HUSBAND'S NAME :

DATE OF BIRTH

ADDRESS :

CASTE

EPIC/VOTER CARD NO.

AADHAR NO. :

MOBILE NO. :

FAMILY MEMBERS DETAILS :-

NAME	RELATIONSHIP	DATE OF BIRT / AGE	SEX	EPIC/VOTER CARD NO.	AADHAR NO.	Mobile No.	Signatue of Beneficiary

\_\_\_\_\_  
Signature of the Employee

\_\_\_\_\_  
Forwarded by