

NATIONAL INSTITUTE OF TECHNICAL TEACHERS' TRAINING & RESEARCH, KOLKATA  
Block-FC, Sector-III, Salt Lake City, Kolkata-700106

Ref. No. NITTTR-K/E/6-12/2023-24/ 1285

Date: 29/02/2024

CIRCULAR

Sub: Identity card of Dependent family members for availing medical benefits

You may please be aware that M/s. Suraksha and M/s. Thesim have been agreed to treatment at CGHS rate for all the employees and their dependent family members at its all diagnostic centre. To this effect, a copy of identity card in the case of employee and dependent family member's card for the dependent family member is required to submit at the centre.

In view of the above, to get the facility smoothly, you are requested to submit the duly filled in enclosed **Appendix-A** and **Appendix-B** on or before 15/03/24 to enable us to take necessary action in this regard.

Thanking you,

Sincerely yours,

  
(Subir Basak)

Senior Administrative Officer

Copy forwarded for information to:

1. All employees
2. Director's Secretariat

**APPENDIX A**

**IDENTITY CARD – DEPENDENT OF EX EMPLOYEE/PRESENT EMPLOYEE**

Name of Dependent .....	_____
Relationship with Ex Employee/Present Employee.....	
Name of Ex Employee /Present Employee.....	PHOTO
I. Card No. of Ex Employee/Present Employee.....	
Date of Birth of Dependent .....	_____
Dependent Aadhar Card No. ....	
Dependent Address .....	
Dependent Contact No. & E-mail.....	

**IDENTITY CARD – DEPENDENT OF EX EMPLOYEE OR PRESENT EMPLOYEE**

Identification Marks.....
Validity date of Card :
(a) Mother/Father/Wife : Life Time
(b) Son – till 25 yrs age : _____(dd/mm/yy)
(c) Daughter- Till marriage : _____(dd/mm/yy)
Or unemployed due to life time

Signature of Dependent .....

Date & Place of Issue .....

Signature of Issuing Officer

**APPENDIX B**

APPLICATION CUM RECORD CARD FOR EX EMPLOYEE/PRESENT EMPLOYEE DEPENDENT IDENTITY CARD

**PART – I**

PARTICULARS OF EX EMPLOYEE/PRESENT EMPLOYEE

- 1. Name .....
- 2. Date of Birth .....
- 3. Date of Joining .....
- 4. Date of Retirement .....
- 5. Mobile No .....
- 6. Permanent Home Address .....

**PART II**

PARTICULARS OF DEPENDENT

- 1. Name ..... 2. Sex.....
- 3. Relationship.....4. Aadhar No. ....
- 5. identification Marks.....

Signature of Dependent

Left Thumb impression of Dependent

PART III

I hereby declare that the particulars given above are true to the best of my knowledge.

Place:

Date :

Signature of Ex Employee/Present Employee

PART IV

Place:

Date :

Signature of SADO