

**Office of the Principal
Maulana Azad College, Kolkata-13**

Notice:

dated 26.12.2020

Employees of this College enrolled under West Bengal Health Scheme are requested to **fill up the attached form (s)** for the issuing of **new DSC enabled Certificates of WBHS** and submit the scanned copy of the same along with scanned copy of all relevant documents mentioned in the form(s) to the following email address:

principal@maulanaazadcollegekolkata.ac.in

However hard copy of the filled in form and the relevant documents should be submitted to the College Office (to Mr. Tariq Ali Nayyar) latest by the month of January-2021.

Forms:

Form-I: for issuing new DSC enabled certificate of WBHS with all existing beneficiaries

Form-I & II together: for exclusion of any family member from enrolled beneficiary list/or inclusion of any family member as a new beneficiary of WBHS

Form-III: For fresh (new) enrolment under WBHS

*Principal
Maulana Azad College*

Name of the Employee: _____ Employee ID: _____

WBHS2014 Enrollment No.: WB/EMP/ _____

FORM-I: FOR ISSUING NEW DSC ENABLED CERTIFICATE OF WBHS

To
The Principal
Maulana Azad College, Kolkata

Sub: Request for issuing new DSC enabled Certificates for me and my family members under WBHS

Sir,

Kindly arrange to issue new DSC enabled Certificate of WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014 for me and my family members. The details are as follows:

Revised Basic Pay (BP) as per current Pay Slip: _____ **Pay Level:** _____ **Pay Band:** _____

Bank Account No. (Salary Account) _____ **IFSC Code of Bank Account** _____

Bank Name/ Branch with Address _____

Existing Beneficiary of WBHS Details:

(It is mandatory to fill up all fields in WBHS portal)

Sl. No.	Name of the Beneficiary	Beneficiary ID in WBHS	Relationship with the Employee & Category [Normal/ Relationship- (Critical Diseases)]	Email ID of the Beneficiary	Mobile Number of the Beneficiary	Aadhar ID of the Beneficiary	Blood Group	Monthly Income (Rs.)
1.			Self (Normal)					
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Enclosures: 1. Copy of the current Pay Slip of Employee 2. Copy of the Aadhar ID of all Beneficiaries 3. Copy of the WBHS certificates of all Beneficiaries

Signature of Employee: _____

e-mail information to principal@maulanaazadcollegekolkata.ac.in

Name of the Employee: _____

Employee ID: _____

WBHS2014 Enrollment No.: WB/EMP/ _____

FORM-II: FOR EXCLUSION OF ANY BENEFICIARY FROM EXISTING BENEFICIARY LIST/ INCLUSION OF FAMILY MEMBER AS NEW BENEFICIARY IN WBHS

To

The Principal

Maulana Azad College, Kolkata

Kindly arrange to **Include/ Exclude** the following member(s) of my family as the beneficiary under WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014. The details are as follows:

For Exclusion of the Family Member from Existing Beneficiary in WBHS

Sl. No.	Name of the Family Member (& Beneficiary ID Number)	Relationship with the Employee	Reason for Exclusion from WBHS (if any)
1.			
2.			

For Inclusion of the Family Member as New Beneficiary in WBHS

(It is mandatory to fill up all fields in WBHS portal)

SL. NO.	Name of the Family Member	Relationship with the Employee & Category [Normal/ Relationship- (Critical Diseases)]	Monthly Income of the Family Member	Date of Birth	Signature of the Family Member <i>(Please Sign Horizontally Straight & Within the Box)</i>	Stamp Sized Photo <i>(please paste a STAMP sized photo of the Family Member(s); need not to sign on the photo)</i>	Blood Group of the Family Member	Email ID & Mobile Number of Family Member	Aadhar ID of Family Member
1.									
2.									

Enclosures for inclusion of new family member: 1. Copy of the Income Proof / Prescribed Medical Certificate for category -Relationship-(critical diseases) of Family Member 2. Copy of the Aadhar ID of Employee & Family Member. 3. Copy of the WBHS certificate of Employee

Signature of Employee: _____

e-mail information to principal@maulanaazadcollegekolkata.ac.in

FORM III: APPLICATION FOR NEW ENROLMENT: WEST BENGAL HEALTH SCHEME-14

To
The Principal
Maulana Azad College, Kolkata-13

Sir,

I Shri/Smt./ Dr. _____ (Designation) _____ attached to **Maulana Azad College, Kolkata** (office) under **Department of Higher Education** do hereby opt for coming under the West Bengal Health Scheme, 2014 with effect from _____, _____. (Month) (Year).

My details are as follows:

Residential Address:			
Date of Joining the Govt Service: (as per service book)		Employee ID/HRMS ID:	
PAN Number:		Present Basic Pay with Pay Level	
G.P.F. A/C No.:		Bank Account No, with IFSC Code	

Particulars of the members of my family to be included in WBHS-14 as beneficiaries are as follows: **(It is mandatory to fill up all fields in WBHS portal)**

Sl. No.	Name of the Beneficiary	Relationship with the Employee	Monthly Income of the Beneficiary	Date of Birth of the Beneficiary	Aadhaar ID of the Beneficiary	Mobile No. of the Beneficiary	Email ID. of the Beneficiary	Signature <small>(in case of below 12 years of age, Employee may put his/her signature on behalf of beneficiary) RTI/LTI if used, should be attested by the DDO(No.139F(MED)WB/FA/MED/0/2M-100/20 of 23.02.2016)</small>	Stamp Sized Photo of the Beneficiary; <small>(need not to sign on the photo)</small>	Blood Group of the Beneficiary
1.		Self								
2.										

I do hereby declare that upon enrolment under the above scheme I shall forego the regular monthly medical allowance drawn by me as a part of salary. I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2014, as may be in force from time to time.

Enclosures: **1.** Copy of PAN card of Employee **2.** Copy of the Aadhar ID of Employee & Family Members **3.** Copy of the current Pay Slip of Employee **4.** Copy of the Income Proof of family member/or Prescribed Medical Certificate for enrolment under the category -Relationship- (critical diseases) of family member **5.** Original Income certificate from the Employer of Spouse showing relinquish of regular monthly medical allowance.

Signature of the Employee: _____

e-mail information to principal@maulanaazadcollegekolkata.ac.in