



14. Are all the persons whose names are given above are dependent upon you? Yes  No

- I. Please attach proof of their relationship with you, like copy of Ration Card/Adhaar card/Election Card/ Passport/ Identity Card issued by college/ School/ University/ Bank pass book etc.
- II. Please attach proof of dependency in respect of age of son(s) & daughter(s) with reference to dependency criteria attached herewith at page - 4.

15. Paste one Photograph of each member of dependent Family members including self.

Name:.....	Name:.....	Name:.....	Name:.....
Sign:	Sign:	Sign:	Sign:
Name:.....	Name:.....	Name:.....	Name:.....
Sign:	Sign:	Sign:	Sign:

- 1) I certify that my family members as above are wholly dependent on me.
- 2) I undertake to intimate immediately if there is any change in dependency criteria of my family members including in this application form. If I fail to intimate and if the authorities come to know of the same, then the E.H.S. facility is liable to be withdrawn by the AIIMS and/or appropriate authority will be free to initiate any action against me.
- 3) I undertake to surrender the F.O.C. card(s) on my leaving the AIIMS Rajkot on completion of tenure/ retirement/termination/ resignation or on ceasing to be eligible of EHS benefits.
- 4) I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

(Forwarded by Head of Deptt./Section)

(Signature of applicant)

Contd.....

**DECLARATION**

- 1) I hereby declare that my father /mother/ father-in-law/ mother-in-law namely.....  
.....  
is/are wholly dependent upon me and that he / she / they normally reside with me at Rajkot.
- 2) I also certify that my father namely .....and mother namely..... are  
dependent on me and their income from all sources including Pension / Family pension and Pension  
equivalent of DCRG does not exceed Rs. 9000+DR per month plus the amount of Dearness Relief there on.
- 3) I certify that my son .....age ..... years is unmarried/unemployed and wholly  
dependent on me.
- 4) I certify that my daughter .....age ..... years is unmarried / unemployed and wholly  
dependent on me.
- 5) I undertake to surrender the E.H.S. FOC Card on my leaving the Institute on completion of tenure /  
retirement/ termination of service, resignation etc.

**Signature of the employee.**

**(TO BE VERIFIED BY THE CONCERNED ESTABLISHMENT SECTION)**

- 1. The information furnished by the applicant has been verified from his service records and found to be correct. It is recommended that a E.H.S No. ....to be issued to Mr/Ms./Dr.....  
Designation .....who is working in Department/Section .....
- 2. Finance division AIIMS Rajkot has been intimated about required deduction towards of the E.H.S. subscription every month from the salary of the applicant.
- 3. It is requested to consider for the issue of New E.H.S. photo Cards and E.H.S. Books to the beneficiary/ beneficiaries as per E.H.S. token card.

**Signature**

**(To be filled by the E.H.S. Cell)**

**E.H.S.No. \_\_\_\_\_ has been allotted to the applicant by the E.H.S. Cell.**

**Signature with Seal**

Contd.....

## INSTRUCTIONS

### Definition of Family:

- (1) Husband / Wife\* (\* First wife only)
- (2) Dependant Parents / Step Mother (in case of adoption, only adoptive & not real parents)
- (3) If adoptive father has more than one wife, the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents -in law; option exercise can be changed only once during service.
- (5) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age-limit, whichever is earlier.
(iii)	Son suffering from any permanent disability of any kind (physical or mental)	Irrespective of age-limit
(iv)	Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced/ abandoned or separated from their husband/ widowed sisters.	Irrespective of age-limit
(v)	Minor brother(s)	Up to the age of becoming a major

For the purpose of availing E.H.S. facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

**'Disability'** will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:

“(1) “DISABILITY’ MEANS

- (I) BLINDNESS
- (II) LOW VISION
- (III) LEPROCY CURED
- (IV) HEARING IMPAIRMENT
- (V) LOCOMOTOTR DISABILITY
- (VI) MENTAL RETARDATION
- (VII) MENTAL ILLNESS”

### Dependency:

**Members of family (other than spouse) whose income is less than Rs.9000/- + DR per month are treated as dependents and are normally residing with E.H.S. beneficiary.**

### The Following Documents are to be enclosed:

- (I) **Proof of Residence/Stay of dependents**—{copy of Ration Card/Adhaar card/Election Card/ Passport/ Identity Card issued by college/ School/ University/ Bank pass book etc..}
- (II) **Proof of age of son**
- (III) **Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)**