NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed herein the GIF undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident(hereinafter called INJURY) and if such disease or injury shall required any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon(hereinafter called SURGEON) to incur hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in Rajasthan as herein defined (hereinafter called HOSPITAL) as an inpatient, the GIF will pay through TPA/GIF to the Hospital/Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1. In the event of any claim/s becoming admissible under this scheme, the GIF will pay through TPA to the Hospital/Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

   (A) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per entitlement of the employee mentioned in the Schedule.

   (B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

   (C) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Coast of Pacemaker, Artificial Limbs implanted in the body & Cost of organs and similar expenses.

   (N.B.: GIF’s Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per family as mentioned in the schedule)

2. DEFINITIONS:

2.1 HOSPITAL means any registered institution in or outside Rajasthan established for indoor care and treatment of diseases and injuries and which are :-

   (a) All the Government hospitals in the State of Rajasthan

   (b) The Hospitals outside Rajasthan which have been approved by the Govt. of Rajasthan

2.2 ‘Surgical Operation’ means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
2.3 Expenses on Hospitalisation for minimum period of 24 hours are only admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the approved Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided Explanation the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals and due to technological advancement hospitalisation is required for less than 24 hours only. It would be certified by concerning Doctor under whom treatment is given and weighted by TPA.

2.4 CGHS packages shall be applicable in Rajasthan, as laid down by CGHS for Jaipur City and in other States it shall be applicable(exclusive of policy clause 9.1 and 9.2) as laid down by CGHS for various places in India. The bed charges shall be paid according to the category of the employee. The diseases for which no package rate is mentioned in CGHS package rate will be paid according to AIIMS package rates. If there is no CGHS and AIIMS package rate then actual payment shall be paid.

3. ANYONE ILLNESS :-
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

3.1 PRE-HOSPITALISATION :-
Relevant medical expenses incurred during period up to 30 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim and this facility would be given in critical diseases.

3.2 POST HOSPITALISATION :-
Relevant medical expenses incurred during period up to 45 days after hospitalisation on disease/illness/injury sustained will be considered as part of claims and this facility would be given in critical diseases.

3.3 MEDICAL PRACTITIONER means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective State of Rajasthan. The term Medical Practitioner would include Physician, Specialist and Surgeon.

3.4 QUALIFIED NURSE means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

3.5 MATERNITY EXPENSES BENEFIT means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy. Childbirth including normal Caesarean Section.

3.6 TPA means a Third Party Administrator who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the GIF, for the provision of health services.

3.7 CASHLESS FACILITY - Cashless facility would be extended to the Insured in the private networking Hospitals for the critical ailments (Means:- i. Coronary Artery Surgery ii. Cancer iii. Renal Failure i.e. failure of both the kidneys iv. Stroke v. Multiple Sclerosis vi. Meningitis vii. Major Organ transplants like Kidney, Lung, Pancreas or Bone marrow Transplantation) and the treatment requiring surgical treatments as per Guide lines issued by the GIF. However, The TPA would decide the merit of the case and it will not be claimed as a matter of right by the insured. The denial of cashless facility does not mean the denial of treatment from concerned hospital & reimbursement thereof.

3.8 CLAIM INTIMATION TO TPA - It is required by the employees that the claims arising in private hospitals should be intimated by cashless request form/ claim intimation form, available in the hospital, to the TPA positively. If the claim intimation does not reach the TPA the same day when the patient is admitted to the hospital, then the employee shall not be entitled for reimbursement.

3.9 Claim Intimation to TPA in case of Government Hospitals – It is required by the employees that the claim arising in Govt. Hospitals should be intimated in writing to the concerned, District State Insurance & Provident Fund office, on the same day patient is admitted to the hospital, otherwise, the employee shall not be entitle for reimbursement.

3.10 DEPENDENT FAMILY – The ‘family’ of the employee shall include the employee, his/her spouse, not more than two dependent children upto 21 years of age and dependant parents. The parents shall be regarded as wholly dependent upon the JVVNL employee, if-
(a) they normally reside with the JVVNL employee at the place of his duty, and
(b) their total monthly income from all sources does not exceed Rs.2000/- per month.
3.11 **FAMILY DETAIL** – Every newly recruited employee shall have to provide details of the family & photographs for preparing the database & for issuing identity cards in the prescribed form (Appendix 3) immediately after joining the service otherwise his salary bill of the designated month will not be passed by the Treasury Officer.

Explanation – Details of the family means : Name, Designation, DDO, Date of joining JVVNL Service. Names of Family members, Age, Pay/ Pay Scale/Stifund.

4. **SCHEDULE** : The Schedule enclosed will be deemed to be a part of the policy.

5. **EXCLUSION** :

   The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:

   5.1 Diagnostics/ Investigations unless followed by indoor treatment of 24 Hours.
   5.2 Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
   5.3 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness,
   5.4 Cost of Spectacles and contact lenses, hearing aids
   5.5 Dental treatment or surgery of any kind unless requiring hospitalisation due to an incident.
   5.6 Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol/poisonous substances.
   5.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTL-B-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
   5.8 Charges incurred at Hospital or Nursing Home primarily for diagnosis, X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
   5.9 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
   5.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
   5.11 Naturopathy Treatment.
   5.12 Pre existing diseases of employee shall not be covered under this scheme.
   5.13 In such situations in which there are no urgency of hospitalisation and treatment can be given at home which is not pertain to section 2.3.

6. **CONDITIONS** :

   6.1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF office.
   6.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the GIF signed by a duly authorised official of the GIF. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to any thing to be done or complied with by the Insured Person shall be a condition precedent to any liability of the GIF to made any payment under this Policy. No waiver of any terms, provisions, condition and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the GIF.
   6.3 In cases of grave emergency viz. life threatening diseases like kidney or heart ailments and accidents in which JVVNL employee has taken treatment as indoor patient in a private hospital within Rajasthan, he/she shall intimate to TPA with full particulars within 24 hours from the time of hospitalization and take approval from TPA / GIF. At the time of claim submission the emergent nature of hospitalization has to be established by an affidavit of the employee supported by a certificate of the treating doctor. Claim shall be paid as per CGHS Package Rates.
   6.4 Insured shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at reception counters of all empanelled hospitals ( Appendix-5). If an insured does not show identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases GIF shall reimburse only on CGHS rates/packages, difference amount shall be borne by the insured.
   6.5 All supporting documents relating to the claim must be filed with TPA/GIF within 90 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 45 days), all claim documents should be submitted within 90 days after completion of such treatment.
The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts verifications and other documents upon which a claim is based and shall also give the TPA/GIF such additional information and assistance as the TPA/GIF may require in dealing with the claim.

Any medical practitioner or an officer authorised by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/GIF.

The GIF shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

If and when the Employee has submitted his/her family details to the concerned State Insurance District office and identity cards have been issued to the insurer, then only he/she shall be entitled for cashless facility.

The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured’s last known address and in such event the GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIF shall allow refund of premium at GIF’s short period rate only (Table given here below) provided no claim has occurred up to the date of cancellation.

<table>
<thead>
<tr>
<th>PERIOD ON RISK</th>
<th>RATE OF PREMIUM TO BE CHARGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto one month</td>
<td>⅙ of the annual rate</td>
</tr>
<tr>
<td>Upto three months</td>
<td>⅓ of the annual rate</td>
</tr>
<tr>
<td>Upto six months</td>
<td>⅔ of the annual rate</td>
</tr>
<tr>
<td>Exceeding six months</td>
<td>Full annual rate</td>
</tr>
</tbody>
</table>

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the GIF has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim form the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

All medical/surgical treatments under this policy shall have to be taken in approved hospitals in and outside Rajasthan and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA/GIF to the Hospital/Nursing Home or the Insured Person as the case may be. The list of approved hospitals is available at (Appendix 2).

In case of death of insured during policy period the names of family members to be continued till expiry of the policy.
6.16 **Entitlement category for boarding/accommodation in the Hospital:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Pay Scale*</th>
<th>Entitlement in Govt. Hospital</th>
<th>Entitlement in Approved Private Hospital</th>
<th>Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Rs. 25000/- &amp; above</td>
<td>Deluxe</td>
<td>Private Ward</td>
<td>Rs. 3000/- per day</td>
</tr>
<tr>
<td>B</td>
<td>Rs. 14000/- and about but less than Rs. 25000/-</td>
<td>Cottage</td>
<td>Semi Private Ward</td>
<td>Rs. 2000/- per day</td>
</tr>
<tr>
<td>C</td>
<td>Below Rs. 14000/-</td>
<td>General Ward</td>
<td>General Ward</td>
<td>Rs. 1000/- per day</td>
</tr>
</tbody>
</table>

* Pay scale means basic pay (including grade pay) /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

6.17 Pre existing diseases of the employee would not be covered in this policy except the parents of employee who are dependent of employee as per section 3.10.

6.18 Medical examination of the JVVNL employee or any member of his family shall not be a condition for issue of Mediclaim Policy.

6.19 A female employee can get the Mediclaim coverage either for her parents or Parents in law in case they are dependent on her and their monthly income is less than Rs. 2000/- and they are residing with her generally.

6.20 A master policy has been issued & copy of policy has been provided to all Drawing & Disbursing officer of State Government. It is required from every DDO that they would brought in notice of all the newly recruited employees regarding terms & condition of the policy. It is also expected that every newly recruited employee must have gone through the terms & conditions of the policy from their concerned DDOs.

6.21 This Policy is available at website: www sipf.rajasthan.gov.in

7 **HIGH CLAIMS RATIO LOADING (MALUS)**

The total premium payable at the time of renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Mediclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken in to account.

<table>
<thead>
<tr>
<th>Incurred Claim ratio under the group policy</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 70% and 100%</td>
<td>25%</td>
</tr>
<tr>
<td>Between 101% and 125%</td>
<td>55%</td>
</tr>
<tr>
<td>Between 126% and 150%</td>
<td>90%</td>
</tr>
<tr>
<td>Between 151% and 175%</td>
<td>120%</td>
</tr>
<tr>
<td>Between 176 and 200</td>
<td>150%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>Cover to be reviewed</td>
</tr>
</tbody>
</table>

Note:

1. High Claim loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.

2. Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.
9 **MATERNITY EXPENSES BENEFIT EXTENSION** : (Wherever applicable)

9.1 The maximum benefit allowable under this clause will be up to Rs. 50,000/- per family per year restricted to two living children. This amount is including sum-assured of Rs. 2,00,000 per family per annum.

9.2 The Maternity benefits under this policy are categorized into three :

I Maximum limit under normal delivery : Rs. 10000/-

II Maximum limit under caesarean delivery : Rs. 20000/-

III Maximum limit under delivery related complications (Including child care) : Rs. 50000/-

9.3 Special conditions applicable to Maternity expenses Benefit Extension :

I These Benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in Rajasthan.

II A waiting period of 9 months is not applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.

III Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.

IV Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.

V Pre-natal and post natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

VI New born child’s expenses will also be treated as Maternity Expenses.

10 **PAYMENT OF CLAIM**

10.1 The insured shall submit the claim form through DDO to the TPA in the prescribed performa (Appendix 4).

10.2 For Re-imbursement photo will be pasted by the concerned employee (if he doesn’t possess the identity card) which will be duly verified by the treating doctor/ DDO so as to confirm the identity of the Patient.

10.3 No cashless facility will be provided if the identity cards have not been obtained by the policy holder.

10.4 Payment of claim shall be made through TPA/GIF to the Hospital or to the Insured Person as the case may be normally within 30 days from the date of receipt of completed claim proposals by the TPA.
जारी की तारिख : 05.06.2013
कुल बीमा राशि : रूपये 2 लाख
(प्रति कर्मचारी एवं उनके नियमनसूत्र आधिकार परिणाम)
प्रीमियम : 500/— + 30/— विफल खर्च प्रति राज्य कर्मचारी+12.36% शेयर शुल्क
(प्रीमियम जातिविभिन्नता जवाबदेही हारा मुआतन)
Category – A / B / C

कुल कर्मचारी (जिनके लिए प्रीमियम प्राप्‌त) – 6893
शुद्द प्रीमियम
रूपये 34,46,500/—
सेवाशुल्क
रूपये 4,51,547/—
विफल खर्च (६०/३०/— प्रति कर्मचारी)
रूपये 2,06,790/—
योग
रूपये 41,04,837/—
चेक संख्या
305293 दिनांक 23.05.2013

जोखिम का विवरण
जोखिम आवरण : जातिविभिन्नता कर्मचारी तथा परिवर्तनों हेतु युग मेडिकल्म, विशेष रूप से निर्मित पोलिसी—बीमा राशि रूपये 2 लाख
पोलिसी : जातिविभिन्नता कर्मचारी के परिवर्तन में निम्न शामिल है।
क्लास के अध्योपन
(a) जातिविभिन्नता कर्मचारी (रघव),
(b) उसका/उसकी पति/पत्नी
(c) 2 आधिकारिक वर्ष जिनकी आय 21 वर्ष से अधिक नहीं हों।
(d) आधिकारिक माता/पिता जातिविभिन्नता कर्मचारी पर आधिकार माने जाएँगे। जबकी वे सामान्यतः
तथा जातिविभिन्नता कर्मचारी के साथ, उसके हेमाली स्थल पर रहते हो एवं उनके मासिक आय सभी स्थलों से रूपये 2000/— से अधिक नहीं हो।

दावे के लिए समय कारण: इस पोलिसी से संबंधित दावे/दर्शकों को निम्न कार्यालय में दें।

अनुमान मेडिकल हॉस्पिटल टी.पी.ए. प्राक्ति.
जयपुर इंडिया 704001, मानसून इंडिया 704001, जयपुर इंडिया 704001.
डेली इंडिया।
www.anyutatpa.com
फोन नं. – 0141–6586565 / 2700792, हैल्ट डरक मो. नं. 8764176164
फैक्स नं. – 0141–2700792
ई-मेल – jaiupuro@anyutatpa.com

(नोट – उक्त टीपीए का कार्यकाल दिनांक 30.6.2013 तक के लिए है। उक्त तिथि के पश्चात जो भी टीपीए नियुक्त होगा उसकी सुधा पृथ्वी से प्रस्तावित करके दी जायेगी।)

उपरोक्त में है यदि कोई परिवर्तन होता है तो उसकी सुधा पृथ्वी से जारी की जायेगी।
साधारण बीमा निधि की मेडिकल्म पोलिसी के सामान्य शर्तों के अध्योपन जातिविभिन्नता कर्मचारी को बीमा आवरण प्रदान किया गया है।

वरिष्ठ अतिरिक्त निदेशक (मेडिकल्म)
निदेशक
राज्य बीमा एवं प्राप्तिनिधि बिभाग
1. The policy holder JVVNL employee shall be entitled to indoor treatment in all State Government hospitals, Government Approved private hospital outside Rajasthani, TPA (Third Party Administrator) approved hospitals, and any private hospital in the State of Rajasthan.

2. The policy holder JVVNL employee and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Government hospital and/or in a private institution on the recommendation of the treating Government doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.

3. For the indoor treatment taken in approved private hospital within State and hospitals outside Rajasthan; policy holder JVVNL employee and his family members shall be entitled for reimbursement of following expenses:
   A) Room, Boarding, Expenses charged by the Hospital/nursing home
   B) Nursing Expenses
   C) Surgeon, Anesthetist, Medical Practitioners, Consultants, Specialists fees
   D) Anesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.

4. In case of death of insured during policy period the names of family members to be continued till expiry of the policy.

5. Entitlement category for boarding/accommodation in the Hospital :

<table>
<thead>
<tr>
<th>Category</th>
<th>Pay Scale*</th>
<th>Entitlement in Govt. Hospital</th>
<th>Entitlement in Approved Private Hospital</th>
<th>Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Rs. 25000/- &amp; above</td>
<td>Deluxe Private Ward</td>
<td>Rs. 3000/- per day</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Rs. 14000/- and about but less than Rs. 25000/-</td>
<td>Cottage Semi Private Ward</td>
<td>Rs. 2000/- per day</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Below Rs. 14000/-</td>
<td>General Ward</td>
<td>General Ward</td>
<td>Rs. 1000/- per day</td>
</tr>
</tbody>
</table>

* Pay scale means basic pay (including grade pay)/fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

**EXCLUSION :**
The GIFF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:

1. Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

2. Circumcision unless for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

3. Cost of Spectacles and contact lenses, hearing aids.

4. Dental treatment or surgery of any kind unless requiring hospitalization due to an incident.

5. Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol.

6. All expenses arising out of any condition directly or indirectly cased to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadonopathy Associated Virus (LAV) or the Munts Derivative or Variation Deficieny Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

7. Charges incurred at Hospital or Nursing Home primarily for diagnosis X- ray or Laboratory examinations or other diagnostic studies not consistent with the diagnosis and treatment of hospitalization and treatment of positive existence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.

8. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.

9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

10. Naturopathy Treatment.

11. Pre existing disease shall not be covered under this scheme.

12. In such situations in which there are no urgency of hospitalization and treatment can be given at home.

**CONDITIONS :**

1. Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIFF.

2. Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA immediately and in case of emergency Hospitalization with in 24 hours from the time of Hospitalization.

3. All supporting documents relating to the claim must be filed with TPA/GIFF within 90 days from the date of discharge from the hospital. In case of post hospitalization, treatment (limited to 45 days), all claim documents should be submitted within 90 days after completion of such treatment.

**Note :** Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the GIFF that he had no reasonable means of informing the GIFF of the necessity to extend the time limit.

4. Expenses incurred due to any confinement is required which confinement is required and takes place in Government hospital.

5. The policy holder JVVNL employee and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Government hospital and/or in a private institution on the recommendation of the treating Government doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.

6. If the policy holder JVVNL employee and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Government hospital and/or in a private institution on the recommendation of the treating Government doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.

7. For the indoor treatment taken in approved private hospital within State and hospitals outside Rajasthan; policy holder JVVNL employee and his family members shall be entitled for reimbursement of following expenses:
   A) Room, Boarding, Expenses charged by the Hospital/nursing home
   B) Nursing Expenses
   C) Surgeon, Anesthetist, Medical Practitioners, Consultants, Specialists fees
   D) Anesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.

8. In case of death of insured during policy period the names of family members to be continued till expiry of the policy.

9. The Insured person shall obtain and furnish the TPA/GIFF with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/GIFF such additional information and assistance as the TPA/GIFF may require in dealing with the claim.

10. Any medical practitioner authorized by the TPA/GIFF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring hospitalization and so often as the same may reasonably be required on behalf of the TPA/GIFF.

11. The GIFF shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whereby the Insured Person or by any other person acting on his behalf.

12. If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim has arisen, the GIFF shall be entitled to recover the sum of money claimed from the Insured Person or from the carrier of such insurance on the same terms and conditions as the GIFF was engaged to pay in respect of the claim.

13. The policy may be renewed by mutual consent. The GIFF shall not however be bound to give notice that it is due for renewal and the GIFF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured’s last known address and in such event the GIFF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIFF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIFF shall allow refund of premium at GIFF’s short period rate only provided no claim has occurred up to the date of cancellation.

14. If the TPA, as per terms and conditions of the policy or the GIFF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIFF in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/GIFF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

15. Cash less facility would be extended to the insured as per terms & conditions of the policy.

16. Insureds shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at the reception counter of all empanelled hospitals. (Appendix-5) If an insured does not show identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases GIFF shall reimburse only on CGHS rates/packages, difference amount shall be borne by the insured.
Appendix : 1

List of Hospitals approved by the State Government for treatment outside Rajasthan

1. All India Institute of Medical Sciences, New Delhi.
2. Apollo Hospital, Madras.
3. Bombay Hospital, Bombay.
4. Cancer Institute, Adayar, Madras.
5. Christian Medical College & Hospital, Vallore.
6. Delhi Heart & Lung Institute, New Delhi.
7. Escort Heart Institute, New Delhi.
8. G.B. Pant Hospital, Delhi.
10. Irwin Hospital, New Delhi.
11. J.J. Hospital, Bombay.
12. Jaslok Hospital, Bombay.
13. K.E.M. Hospital, Bombay.
14. Lady Hardinge Medical College Hospital, New Delhi(for women and children).
15. N.M. Wadia Institute of Cardiology, Pune.
16. Post Graduate Institute, Chandigarh.
17. Rajiv Gandhi Cancer Institute & Research Center, Delhi.
18. Tata Memorial Hospital, Bombay.
19. The Gujarat Research & Medical Institute (Rajasthan Hospital), Ahmadabad.
## Approved Private Hospitals in Rajasthan

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multi Speciality Hospitals:</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>S.K.Soni Hospital, Jaipur</td>
</tr>
<tr>
<td>2</td>
<td>Gheesibai Memorial Mittal Hospital And Research Centre, Ajmer</td>
</tr>
<tr>
<td>3</td>
<td>Bhandari Hospital and Research Center Jaipur</td>
</tr>
<tr>
<td>4</td>
<td>Mahatma Gandhi Medical College &amp; Hospital, Jaipur</td>
</tr>
<tr>
<td>5</td>
<td>Tagore Hospital &amp; Research Institute, Jaipur</td>
</tr>
<tr>
<td>6</td>
<td>Apex Hospital, Jaipur</td>
</tr>
<tr>
<td>7</td>
<td>Jaipur Hospital, Lal kothi, Jaipur</td>
</tr>
<tr>
<td>8</td>
<td>NIIMS Hospital, Jaipur</td>
</tr>
<tr>
<td>9</td>
<td>Mittal Hospital, Alwar</td>
</tr>
<tr>
<td>10</td>
<td>Ramonethi Hospital and Research Centre, Bhiwara</td>
</tr>
<tr>
<td>11</td>
<td>Goyal Hospital &amp; Research, Jodhpur</td>
</tr>
<tr>
<td>12</td>
<td>Bharat Vikas Pithrad Hospital &amp; Research Centre, Kota</td>
</tr>
<tr>
<td>13</td>
<td>Fortis Malar Hospital, Kota</td>
</tr>
<tr>
<td>14</td>
<td>Jaiswal Hospital &amp; Neuro Institute, Kota</td>
</tr>
<tr>
<td>15</td>
<td>Sudha Hospital &amp; Medical Research Centre, Kota</td>
</tr>
<tr>
<td>16</td>
<td>Geetanjali Medical College &amp; Hospital, Udaipur</td>
</tr>
<tr>
<td>17</td>
<td>Maa gayatri Hospital, Udaipur</td>
</tr>
<tr>
<td>18</td>
<td>Kaipana Nursing Home, Udaipur</td>
</tr>
<tr>
<td>19</td>
<td>GDB American Hospital, Udaipur</td>
</tr>
<tr>
<td>20</td>
<td>Global Hospital &amp; Research Centre, Minant Abu</td>
</tr>
<tr>
<td>21</td>
<td>Narayana Handayal Hospital, jaipur</td>
</tr>
<tr>
<td>22</td>
<td>Porwal Hospital, Bhiwada</td>
</tr>
<tr>
<td>23</td>
<td>Solanki Hospital,Alwer</td>
</tr>
<tr>
<td>24</td>
<td>K.M Memorial Jain heart &amp; General Hospital, Sikar</td>
</tr>
<tr>
<td>25</td>
<td>Aazvil Hospital, Udaipur</td>
</tr>
<tr>
<td>26</td>
<td>Kamla Nagar Jodhpur</td>
</tr>
<tr>
<td>27</td>
<td>Krishna Hospital, Bhiwara</td>
</tr>
<tr>
<td>28</td>
<td>Dhanvantri Hospital &amp; Research Center, Jaipur</td>
</tr>
<tr>
<td>29</td>
<td>G.P. Shikshawati Hospital &amp; Research Center, Jaipur</td>
</tr>
<tr>
<td>30</td>
<td>Marudhar Hospital, Jaipur</td>
</tr>
<tr>
<td>31</td>
<td>Mana Arogya Sadan Heart Care &amp; Multi Speciality Hospital</td>
</tr>
<tr>
<td>32</td>
<td>Kailash Hospital Behnor</td>
</tr>
<tr>
<td><strong>Only for Cardiology &amp; City Surgery Super Speciality Hospitals:</strong></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Heart &amp; General Hospital, Jaipur</td>
</tr>
<tr>
<td>34</td>
<td>Jaipur Heart Institute, Jaipur</td>
</tr>
<tr>
<td>35</td>
<td>Global Heart &amp; General Hospital Pvt. Ltd, jaipur</td>
</tr>
<tr>
<td><strong>Only for Neurosurgery Super Speciality Hospital:</strong></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Indowestern Brain &amp; Spine Hospital, Jaipur</td>
</tr>
<tr>
<td><strong>Only for Oncology Super Speciality Hospital:</strong></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Bhagwan Mahaveer Cancer Hospital &amp; Research, Jaipur</td>
</tr>
<tr>
<td><strong>Only for ophthalmology Super Speciality Hospital:</strong></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Anand Hospital and Eye Centre, Jaipur</td>
</tr>
<tr>
<td>39</td>
<td>Kohertapal Eye Hospital &amp; Lasic Laser Centre, Ajmer</td>
</tr>
<tr>
<td>40</td>
<td>K. C. Memorial Hospital, jaipur</td>
</tr>
<tr>
<td>41</td>
<td>Dr. Virendra Laser &amp; Phaco Surgery Center,jaipur</td>
</tr>
<tr>
<td>42</td>
<td>Sahai Hospital &amp; Research Center, Jaipur</td>
</tr>
<tr>
<td>43</td>
<td>Jyoti Nursing Home , Jaipur</td>
</tr>
<tr>
<td>44</td>
<td>Dr. Kohran's Eye Hospital, Udaipur</td>
</tr>
<tr>
<td><strong>Only for Cardiology Super Speciality Hospital:</strong></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Kota Heart Institute, Kota</td>
</tr>
<tr>
<td><strong>Only for Gaestroentology Super Speciality Hospital:</strong></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>S R Kalla Memorial Hospital, jaipur</td>
</tr>
<tr>
<td><strong>Only for E.N.T. Speciality Hospital:</strong></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>jain E.N.T Hospital, jaipur</td>
</tr>
</tbody>
</table>

Any change will be notified separately.
Family Detail for Mediclaim Policy Database

1. Name of Employee

2. Name of Father/Husband

3. Present Designation

4. Pay/Remuneration

5. Home Address (In English)

| क्र.सं. | कर्मचारी का पूरा नाम | राज्य कर्मचारी से सम्बन्ध | उम्र | जन्म तिथि | लिंग
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>स्वयम्</td>
<td>स्वयम्</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>स्वयम्</td>
<td>स्वयम्</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>स्वयम्</td>
<td>स्वयम्</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>स्वयम्</td>
<td>स्वयम्</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>स्वयम्</td>
<td>स्वयम्</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>स्वयम्</td>
<td>स्वयम्</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. परिवार सदस्यों में 21 ईतिहासिक तक के 2 बच्चों का ही उल्लेख किया जाये।
2. जीवन-परिवार की विवरण के लिए, आप कर्मचारी के साथ साथ वर्तमान स्थान पर सामान्यतः साथ रहते होंगे तो उसके परिवार की विवरण किया जाये।
3. परिवार सदस्यों के स्वयं वापस के फोटो पिडिए कर कर्मचारी तथा हस्ताक्षर यह विवरण यहूदी हेतु उपलब्ध कराए।

<table>
<thead>
<tr>
<th>नाम</th>
<th>स्वयम्</th>
<th>स्वयम्</th>
<th>स्वयम्</th>
<th>स्वयम्</th>
</tr>
</thead>
</table>

मौजूदा पत्र

| पूर्व/पूर्वी/पूर्वी | पत्र | आधुनिक | यह मौजूदा पत्र का उपयोग कर करंतु ध्यान देना है कि उपर दिया गया विवरण पूर्वी स्थान है और कोई तब विवरण नहीं गिना है। मैं अपने द्वारा के नियम व ध्यान का अध्ययन करना है जो विवरण की आधुनिक लेखाएं www.sipf.rajasthan.gov.in पर उपलब्ध हैं एवं उन पर अपनी सहीता प्रदान करता हूँ।
<table>
<thead>
<tr>
<th>मौजूदा पत्र</th>
<th>मौजूदा पत्र</th>
<th>मौजूदा पत्र</th>
<th>मौजूदा पत्र</th>
</tr>
</thead>
</table>

हस्ताक्षर अधिकारी/कर्मचारी

उपरेक्त विवरण कार्यालय फाइल से जीत कर लिता गया है एवं वैद्यकितिक कार्यालय का अवधारण कार्यालय हेतु अधिकारिक विवरण का जाना है।

उपरेक्त विवरण कार्यालय फाइल से जीत कर लिता गया है एवं वैद्यकितिक कार्यालय का अवधारण कार्यालय हेतु अधिकारिक विवरण का जाना है।

अधिकारी/संयुक्त/यम/सहकार नियंत्रण, राज्य बीमा एवं प्रायोगिक विवरण
Appendix 4

1. भीमाधारक का नाम: ____________________________
   उपनाम: ____________________________
   प्रथम नाम: ____________________________

केंद्रीय कार्यालय प्रस्ताव के लिए

2. पौधित्री संख्या आविष्क पे से तक

3. रोगी व्यवहार का विवरण
   क. नाम और भीमाधारक के साथ संबंध
   ख. वर्षभंग पूर्ण आयु
   ग. पर का पता
   थ. दूरभाषण नं
   थोबाईल नं

4. संसाधनबन्ध रोग/वीमारी या लगी हुई चौट का प्रकार

5. यह दिनांक जिस दिन चौट लगाया या रोग/वीमार होने का पहली बार पता चला

6. अस्पताल का नाम और पता:

7. (क) भूटी होने का दिनांक
   दिनांक माह वर्ष
   (ख) छोटे जाने का दिनांक
   दिनांक माह वर्ष

8. यदि दावा अधिसूची अस्पताल भूटी के लिए है तो कृपया बताएं
   द. उपचार के प्रारम्भ का दिनांक
   दिनांक माह वर्ष
   द. उपचार समाप्त होने का दिनांक
   दिनांक माह वर्ष

9. संपूर्ण खंड का निकाय विवरण:
   (अ) कमरा विवरण(परिवार, होजन आदि पर व्याख्या)
   (ब) विचारका-विशेषज्ञ /सर्वनिवेश गुंड
   (ब) जौन /परिक्षण व्याख्या
   (क) दड़ादिथ पर व्याख्या
   (ल) आपराधिक विचारदार का व्याख्या

10. बैंक खाता सं (salary a/c number) बैंक का एकआईसीआर, आईएफएल कोड एवं बैंक का नाम
   (दावा राशि का खंडों में जमा करने के लिए बैंक पता कुक की भाग्यात्मा एवं निर्देश बैंक अथवा बैंक की छाप्यात्मा संलग्न करे)

11. संलग्न दस्तावेजः
   I. मेंडेक्सम भूमि परिचय पत्र की संबंधित विचारल अधिकारी प्रमाणी से प्रभावित फोटो प्रति.
   (परिचय पत्र प्राप्त नहीं होने की स्थिति में केन्द्र एवं भूमि प्रिन्ट विकल्य जाने)
   II. अस्पताल के बिल, रसीद और छोटे जाने का प्रमाण पत्र/कागि.
   III. आपका प्रक्रियानुसार संबंधित अस्पताल एवं दाङ्तों के मूल प्रमाणित बिल/के भीमना
   IV. लगी प्रकार के चौटों से संबंधित चौट स्पार्ट प्रेम के साथ एवं रोग के मर्यन में प्रभाव-पत्र
   V. अधिवारी अस्पताल भूटी के संबंध में भूमि के घर में जमा की देखभाल करने के लिए विचारल निर्देश में से प्रभाव-रसीद जिसका साथ उपचार करने वाले विचारल का प्रमाण-पत्र
   VI. उपचार करने वाले विचारल से प्रभाव-पत्र जिसमें पौधित्री की अधिवाद के अस्पताल भूटी कर्मचारी के अंतर्गत उपचार करने के लिए कारण दिया गया है.
   VII. उपचार करने वाले विचारल से प्रभाव-पत्र के भीतर से यह प्रभाव-पत्र कि गृह रूप से रोगमुक्त हुआ है. (विचारल टिकट)
घोषणा

मैं एवं ध्यान देने वालों के लिए घोषणा करता हूँ कि उपरुपक्ष विवरण सभी प्रकार से सार्थक है और ये जिस पर विकल्प व्यतिरिक्त किया गया है वह पूर्णतया मुद्दा पर आश्विन है। मैं आपने घोषणा करता हूँ कि उपरुपक्ष इलाज के संबंध में कोई भी लाभ किसी अन्य विकल्प योजना या बीमा के अन्तर्गत प्राप्त नहीं किया गया है।

200 ........................ के आज .......................... दिन पर .............................. में निर्णय

दावकारों के हस्ताक्षर
मय पद नाम व पता

सत्रायण

प्रमाणित किया जाता है कि उपरुपक्षानुसार विवरण सही है।

प्रमाणित किया जाता है कि श्री/श्रीमती/मृत/सुंदरी........................पद........................ वर्तमान में इस कार्यालय में पदस्थापित है और इनका वेतनमान....................... है। कृपया भुगतान की व्यवस्था करावें।

हस्ताक्षर आहरण विवरण अधिकारी मय सील

प्राधिकृत विकल्पक/भौगोलिक सुप्रिंटेडेड के हस्ताक्षर
कार्यालय/TPA में प्रयोग के लिए

(1) दावे का निदानक

(2) दावा संख्या ————————————

(3) पौष्टिक संख्या ————————————

(4) बीमित धनराशि ₹ ————

(5) दायवधान द्वारा उठाए गए खर्चों की अनुपूरक — (1)

(6) प्रत्यारोपण ————————————

(7) जाचार ————————————

(8) अनुसूचितकार ————————————

(9) धनराशि दावे के अंतर्गत देय है: ₹ ————

अधिम धनराशि घटाकर यदि कोई है तो (-)₹ ————

(10) धनराशि के लिए प्रतिमा सुधार भी करें

(11) दाता सम्पूर्ण दाय भंडार ही किया गया तो उल्लक कारण —

संविधान प्रधानी

जारी किया गया डिमांड प्लेट/चेक नं. मय निदानक ————————————

राजस्थान सरकार
राज्य बीमा एवं प्राकाशी निर्दिष्ट विभाग
(साधारण बीमा निधि)

नाम :
पता :

पौष्टिक नं. % GIF/81/Medi/2013-14/06

आयु :
आई.डी. (CPF) :

पौष्टिक आरम्भ दिनांक :
समाप्ति दिनांक :

“सामाजिक सुरक्षा – समय पर व्यवस्था”
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | रोगी का नाम  
(Name of Patient) |
| 2. | शीर्षीत कर्मचारी का नाम  
(Insured employee) |
| 3. | रोगी का कर्मचारी से सम्बन्ध  
(Relation of patient with insured) |
| 4. | हॉस्पिटल में भर्ती होने का दिनांक  
(Date of Admission in Hospital) |
| 5. | कर्मचारी की नियुक्ति तिथि  
(Date of appointment employee) |
| 6. | कर्मचारी का विभाग  
(Department of employee) |
| 7. | कर्मचारी का वेतनमान  
(Pay scale of employee) |
| 8. | कर्मचारी का एनपीएस नं  
(NPS No. of employee) |
| 9. | शीर्षा विभाग द्वारा जारी आई.डी. नं  
(ID No. issued by SI & PF deptt.) |
| 10. | कर्मचारी का टेली./मोबाइल नं  
(Tel./Mobile No. of employee) |
| 11. | कर्मचारी का स्थायी पता  
(Permanent address of the employee) |

हस्ताक्षर कर्मचारी मय विभाग का नाम