

OFFICE OF THE DISTRICT AND SESSIONS JUDGE, NARNAUL

No. 5580-95/

Dated 30.04.2021 /

To

All the Judicial Officers
posted in this Sessions Division.


Sub: Regarding providing Limited Cashless Medical Facility to
Regular Haryana Government Employees and Pensioners w.e.f.
30.11.2017.

As you know, "Limited cashless Medical Facility" considered by the Government of Haryana has already been adopted by Hon'ble High Court of Punjab and Haryana, Chandigarh, for all regular employees / pensioners in the Subordinate Courts of Haryana State and the Civil Judge (Senior Division), Narnaul has already been appointed as Nodal Officer in Sessions Division, Narnaul vide this office order dated 30.05.2019 conveyed vide endorsement No. 13267-85 dated 30.05.2019. Therefore, to enjoy this facility seamlessly, Identity Cards are required to be issued to all the Regular Employees / Pensioners for availing Limited Cashless Medical facilities.

In view of above, you are requested to direct all the officials working under your control to submit their complete details along with details of their dependent family members, as per attached proforma with self attested copies of AADHAR Cards, so as to enable this office to take further action in this matter. They be further directed to submit an affidavit regarding dependency of his/her family members on him/her.

The pensioners shall submit photocopies of their Pension Payment Orders (PPO) in addition to above documents. The office is directed to circulate a notice for information of pensioners through notice board and by uploading the same on the website of this court as well.

All the above details be sent to this office at the earliest.


District and Sessions Judge,
Narnaul. 30.04.2021

IDENTITY CARD
FOR PROVIDING LIMITED CASHLESS MEDICAL FACILITY TO
REGULAR GOVERNMENT EMPLOYEES/ PENSIONERS

(For Office use only)	Affix latest passport Size Colour Photograph here & provide one spare ticket photograph	
Identity Card No.		
Unique Code		
Date of retirement / PPO No. (If any)		
Date of Issue		

Details of the officials
(to be filled in capital letters only)

Name of the Govt. Employee/Pensioner	
Father's/Husband's Name	
Designation	
Date of Birth	
Date of Appointment	
Permanent Address	
Contact No. (Self)	
Emergency Contact No.	
Family ID	
Aadhaar Card Number	
Blood Group (with blood group report)	
Identification Mark	

Details of Dependants

Sr. No.	Name	Date of Birth	Aadhaar Card Number	Relation

Undertaking

I have further undertake that:-

(i)	All the information provided by me is true and correct to the best of my knowledge and nothing has been concealed therein.
(ii)	I will be fully responsible for providing any false information.
(iii)	I will surrender my Cashless Identity Card with this office in case of resignation/retirement or transfer to other Division/ Department

Signature of Applicant
(with date)

Enclosures: Self attested photocopies of Aadhaar Card of Employee and Dependants along with Affidavit.

AFFIDAVIT

I, _____ S/D/W/o Shri _____ R/o _____

_____ do hereby solemnly affirm and state as under:-

1. That I am/was posted as _____.
2. That for the purpose of issuance of identity card for providing limited cashless medical facility, the particulars of my family members, who are fully dependent upon me & residing with me, are as under:

Sr. No.	Name	Father's / Husband's Name	Date of Birth	Aadhaar Card Number	Relationship with the Official

3. I, hereby declare that my father/mother/parents/father-in-law/mother-in-law (in case of female employee) namely _____ is/are wholly/mainly dependent upon me and that he/she/they normally reside with me.
4. I, further certify that my son (s)/daughter (s) whose name (s) is/are given above is/are unmarried, unemployed and wholly dependent on me.
5. I further certify that my parents are neither dependent on any of my siblings or anybody else nor are covered under any mediclaim policy of any of my siblings or anybody else's employer.
6. I certify that my dependent family members as stated above are not covered under any scheme, in which reimbursement of their medical expenses is being made or borne by any authority.

Dated : _____ Deponent

Verification
Verified on _____ that the above contents of the aforesaid affidavit are true and correct and nothing material has been concealed therein and that any changes, if any, in the above context shall be immediately informed to the office.

Deponent