



Office Attached to: ☐ DORD / ☐ DOAD
(Please Tick wherever applicable)

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

Proforma Pan India Health Insurance Scheme (Project Employees)
(USE CAPITAL LETTER ONLY) (Sum Insured up to Rs.200000/- Only)

Name of the Employee: _____

P.F. No: _____ Post: _____ Salary _____

Project No: _____ Department & Section _____

Name of Project Investigator: _____ Phone No _____

Email address _____ Phone No _____

Mobile No.: (1) _____ (2) _____

Full Details of DD/RTGS/NEFT/ONLINE BANKING: _____

_____ Amount Rs/- _____

The premium needs to be paid in lump sum through one of the following arrangements:

- SBI I collect: <https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=314456>
- Online Bank Transfer to SBI Account Details : Name : REGISTRAR, IIT KANPUR, Institute Main Account No. 10426002137, IFSC code : SBIN000116.
- DD in favour of "REGISTRAR IIT KANPUR" Payable at Kanpur with the consent form.

Details of Self and Dependents:

Sr. No	Name of the Beneficiaries	Sex (M/F)	Date of Birth	Relation with Employee	Amount in Rs
1					
Sr. No	Name of the Dependents	Sex (M/F)	Date of Birth	Relation with Employee	
2					
3					
4					
5					
6					
Grand Total					

I hereby certify that the above statements are true and correct to the best of my knowledge & belief. I understand that a false statement may disqualify me for benefits. I also understand that amount paid by me will be forfeited and no refund will be made under any circumstances.

Signature and Name of the Project Employee

Date _____

GROUP DETAILS

Group “A”	Group “B”	Group “C”
1-Project Post –Doctoral Fellow 2-Project Executive Officer 3-Senior Project Scientist 4-Senior Project Engineer 5-Senior Project Manager 6-Project Manager 7- Project Scientist 8- Project Engineer 9-Project Technical Officer	1-Project Technical Supervisor 2-Project Technician 3- Senior Project Associate 4- Project Associate 5- Deputy Project Manager	1-Project Mechanic 2-Assitant Project Manager 3-Project Assistant 4-Project Attendant (All Level) 5- Senior Project Mechanic

Sum Insured Rs. 200000/-Only

Age Band	<35	36-45	46-50	51-55	56-60	61-65	>65
Premium	9864	10452	17235	25992	34089	45332	61133
GST18%	1776	1881	3102	4679	6137	8160	11004
Grand Total	11640	12333	20337	30671	40226	53492	72137

Salient Features of Policy

Category (Charges)	Group A	Group B	Group C
Room Rent	9,000	5,000	3,500
ICU	11,000	11,000	11,000
Cataract Surgery	24,000	24,000	24,000
Normal Delivery	50,000	50,000	50,000
Cesarean Delivery	1,00,000	1,00,000	1,00,000

- 1) Biomedical waste / Generator / Consolidated medical service charges etc. are to be borne by the beneficiary.
- 2) Beneficiaries are advised to visit <https://www.iitk.ac.in/hc/> for further full information on the policy.
- 3) Policy will be valid till 16.05.2024.
- 4) Family consist of:
 For Male Employee : Self + Spouse +02 Children (dependents) + parents
 For Female Employee : Self + Spouse +02 Children (dependents) + either parents or parent-in-laws (dependents)
- 5) Please mail this completed form with proof of payment to: elcell@iitk.ac.in.