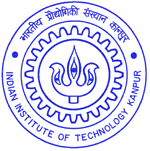
**Office Attached to: DORD / DOAD**

 (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:**

1. SBI I collect: <https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=314456>
2. Online Bank Transfer to SBI Account Details : Name : REGISTRAR, IIT KANPUR, Institute Main Account No. 10426002137, IFSC code : SBIN000116.
3. 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)**

1. **Please mail this completed form with proof of payment to: elcell@iitk.ac.in.**