### 1. For Staff Members

The Medical card dependency record should be validated by the Issuing Authority in the month of January every 2 years.

The beneficiaries are entitled to facilities of Private, Semi-Private or General wards depending on their Basic Pay as per rules. The entitlement is as follows:

No.	Basic Pay as per 7 <sup>th</sup> CPC	Ward Entitlement
1.	Up to ₹ 47,600/-	General Ward
2.	₹ 47,601/- to ₹ 63,100/-	Semi-Private Ward
3.	₹ 63,101/- and above	Private Ward

Misuse of IITM Medical Card or willful suppression of facts or submission of false statements, will invite suitable disciplinary action against the concerned staff member.

In case of change in nos. of dependants the same must be informed to Administration immediately.

The Xerox copy of this card must be attached each time with the medical claim.

In case the card is not required due to any reason the same may be surrendered to the issuing Authority immediately.

The loss of this card should be reported immediately to the issuing Authority.

### 2. FOR Hospital

Hospital should give the medical treatment as per the CGHS, CS(MA) rules. The charges over and above the CGHS rates, If any, are payable by the concerned staff member. Such treatments should be brought to the notice of the staff member by the Hospital before providing the same.

Hospital bills can be sent to IITM, Pune for arranging the payment. Xerox copy of the medical card should be sent along with the bills each time.

Hospital bills received from the hospitals will be directly paid to the Hospitals by IITM, Pune.

While sending the bills, the hospitals should mention package No. of the particular treatment for speedy payment of the bills.

Form of CGHS discharge card should be used while issuing discharge certificate to the patient.

If found, please return to The Director, IITM, Dr. Homi Bhabha Road, Pashan, Pune 8



### INDIAN INSTITUTE OF TROPICAL METEOROLOGY

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MEDICAL CARD





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# MEDICAL IDENTITY CARD

Employee Photo with Signature

	Signature			
Card No.:				
Name Se	ection			
Date of Birth ID	Number			
Designation Bl	lood Group			
Pay/Last pay Pa	ay Level			
Eligibility for ward : General / Semi-Private/Private				
Date of Joining Date of Superannuation				
Phone/Mobile No				
Residential Address				
with Tel. No				
Adhaar Card No E-mail ID:				
Total No. of Dependent Family Members				
Valid up to :				

A. Details of dependant family m	embers with colour photograph
1. Name :	
Relation :	
Date of Birth:	Blood Group :
2. Name :	
Relation :	
Date of Birth:	Blood Group :
3. Name :	
Relation :	
Date of Birth:	Blood Group :
4. Name :	
Relation :	
Date of Birth:	Blood Group :
5. Name :	
Relation :	
Date of Birth:	Blood Group :
Signature of Staff Member	Signature if Issuing Authority (with Seal)