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भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
प्रशासन अनुभाग
ADMINISTRATION SECTION

No. Estt./OO/2020/IITK/248

Date: February 21, 2020

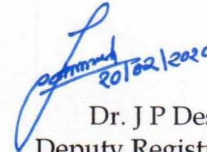
OFFICE ORDER

Sub : Health Centre Booklet (for OPD) on payment basis for non-dependent.
Ref : Health Centre User's Committee meeting held on 25.01.2016 & 05.02.2016.
OO Nos : (i) Estt./OO/2016/IITK/349 dated 06.05.2016
(ii) Estt./OO/2016/IITK/601 dated 22.07.2016.

Vide above referred Office Orders, medical booklet for OPD facilities to non-dependent family members of institute employees & students were issued on following terms:

- The application for such booklet shall be forwarded by Administration Section/Office of Faculty Affairs/Dean of Academic Affairs to ID Cell for issuing the same.
- The application should accompany duly filled in undertaking (enclosed) signed by Head of Department concerned.
- ID Cell will issue the booklet labelled N/E (non-entitled) on payment of Rs. 200/-
- The booklet issued will be sent directly to Health Centre's reception, without handling it to the applicant.
- The revised consultation fee for non-dependent family member is Rs. 150/- per consultation. For consultation between 08:00 pm to 08:00 am and on Holidays, the consultation fee will be Rs. 300/- per consultation.
- After consultation with M.O, the booklet is to be deposited at Health Centre's reception.

This office order compiles above-referred office orders. Accordingly, these office orders stand superseded.


Dr. J P Deshmukh
Deputy Registrar (Admin)
VJP

Encl: As stated

Copy to:

1. Director
2. Deputy Director
3. Dean, Faculty Affairs
4. Dean, Academic Affairs
5. Departments/Sections/Units
6. Assistant Registrar (F&A)
7. Head, Health Centre
8. In-charge, ID Cell
9. Webmaster
10. all@lists.iitk.ac.in



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**FORM OF UNDERTAKING FOR ISSUE OF MEDICAL BOOKLET
TO NON-DEPENDENT FAMILY MEMBER**

I, (Name), (P. F. No.),
..... (Designation), (Department)
do hereby state that :-

- (a) Mr./Mrs./Ms., whose Date of Birth/Age is
....., is living with me/my family (Q. No.) and is not
dependent on me.
- (b) I wish to avail medical facility in respect of the above non-dependent family member from
the Health Centre, IIT Kanpur;
- (c) I undertake that the medical facility is limited to such OPD facility as may be available in the
Health Centre;
- (d) I also undertake to pay the entire expenses as may incur on the treatment of the above
mentioned non-dependent family member, in accordance with the manner as may be
prescribed from time to time.

Signature _____
Name _____
Designation _____
P. F. No.. _____

Signature of HoD

Action by ID Cell