

**Office of the Principal
Maulana Azad College, Kolkata-13**

Notice:2

dated 26.12.2020

Pensioners of this College Office enrolled under West Bengal Health Scheme are requested to **fill up the attached form (s)** for the issuing of **new DSC enabled Certificates of WBHS** and submit the scanned copy of the same along with scanned copy of all relevant documents mentioned in the form(s) to the following email address:

principal@maulanaazadcollegekolkata.ac.in

Photocopies of PPO and last pension copy under ROPA2019 should be furnished.

However hard copy of the filled in form and the relevant documents should be submitted to the College Office (to Mr. Tariq Ali Nayar).

Forms:

Form-I: for issuing new DSC enabled certificate of WBHS with all existing beneficiaries

Form-I & II together: for exclusion of any family member from enrolled beneficiary list/or inclusion of any family member as a new beneficiary of WBHS

Form-III: For fresh (new) enrolment under WBHS

*Principal
Maulana Azad College*

Name of the Pensioner: _____ PPO No.: _____
WBHS2014 Enrollment No.: WB/PEN/ _____

FORM-I: FOR ISSUING NEW DSC ENABLED CERTIFICATES OF WBHS FOR PENSIONERS

TO
THE PRINCIPAL
MAULANA AZAD COLLEGE, KOLKATA-13

Sub: Request for issuing new DSC enabled Certificates for me and my family members under WBHS

Sir,

Kindly arrange to issue new DSC enabled Certificates of WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014 for me and my family members. My details are as follows:

Pensioners Revised Basic Pension after ROPA19: _____

Existing Beneficiary of WBHS Details:
(It is mandatory to fill up all fields in WBHS portal)

SL. NO.	Name of the Beneficiary	Beneficiary ID in WBHS	Relationship with the Pensioner	Email	Mobile Number	Blood Group	Monthly Income	Aadhar IDs
1.			Self					
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Enclosures:

1.Scanned Copy of Latest Pension Payment document issued by Bank/treasury 2. Scanned Copy of the PPO 3. Scanned copy of Aadhar Ids of beneficiaries

Signature of the Pensioner: _____

e-mail information to: principal@maulanaazadcollegekolkata.ac.in

Name of the Pensioner: _____ PPO No.: _____

WBHS2014 Enrollment No.: WB/PEN/ _____

FORM-II: FOR EXCLUSION OF FAMILY MEMBER AS EXISTING BENEFICIARY / INCLUSION OF FAMILY MEMBER AS NEW BENEFICIARY IN WBHS FOR PENSIONERS

TO
THE PRINCIPAL

MAULANA AZAD COLLEGE, KOLKATA

Sir,

Kindly arrange to **Include/ Exclude** the following member(s) of my family as the beneficiary under WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014. The details are as follows:

For Exclusion of the Family Member as Existing Beneficiary in WBHS

SL. NO.	Name of the Family Member	Beneficiary ID Number in WBHS	Relationship with the Pensioner	Reason for Exclusion from WBHS (if any)
1.				
2.				

For Inclusion of the Family Member as New Beneficiary in WBHS

It is mandatory to fill up all fields in WBHS portal)

SL. NO.	Name of the Family Member	Relationship with the Pensioner	Monthly Income of the Family Member(s)	Date of Birth	Signature (Please Sign Horizontally Straight & Within the Box)	Stamp Sized Photo (please paste a STAMP sized photo of the Family Member(s); need not to sign on the photo)	Blood Group of the Family Member(s)	Email ID & Mobile Number Family Member(s)	Aadhar IDs
1.									
2.									

Enclosures:

1.Scanned Copy of the WBHS certificate of Pensioner 2. Scanned Copy of the PPO 3. Scanned Copy of the Aadhar IDs of the beneficiaries

Signature of the Pensioner: _____

e-mail information to: principal@maulanaazadcollegekolkata.ac.in

FORM III: APPLICATION FOR NEW ENROLMENT: WEST BENGAL HEALTH SCHEME-14: Pensioners

To
The Principal
Maulana Azad College, Kolkata-13

Sir,

I Shri/Smt./ Dr. _____ Pensioner of Maulana Azad College, Kolkata (office) under **Department of Higher Education** do hereby opt for coming under the West Bengal Health Scheme, 2014 with effect from _____, _____. (Month) (Year). My details are as follows:

Residential Address:			
Date of Joining & Retirement from the Govt Service: (as per PPO)		PPO NO.:	
PAN Number:		Present Basic Pension (Revised in ROPA_19)	
Bank Account No, with IFSC Code			

Particulars of the members of my family to be included in WBHS-14 as beneficiaries are as follows: *(It is mandatory to fill up all fields in WBHS portal)*

Sl. No.	Name of the Beneficiary	Relationship with the Pensioner	Monthly Income of the Beneficiary	Date of Birth of the Beneficiary	Aadhaar ID of the Beneficiary	Mobile No. of the Beneficiary	Email ID. of the Beneficiary	Signature <small>(in case of below 12 years of age, Employee may put his/her signature on behalf of beneficiary) RTI/LTI if used, should be attested by the DDO(No.139F(MED)WB/FA/MED/0/2M-100/20 of 23.02.2016)</small>	Stamp Sized Photo of the Beneficiary; <small>(need not to sign on the photo)</small>	Blood Group of the Beneficiary
1.		Self								
2.										

I do hereby declare that upon enrolment under the above scheme I shall forego the regular monthly medical allowance drawn by me as a part of pension. I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2014, as may be in force from time to time.

Enclosures: 1. Copy of the PPO document 2. Copy of PAN card of Pensioner 3. Copy of the Aadhar ID of Pensioner & Family Members 4. Copy of Latest Pension Payment document issued by Bank/treasury 5. Copy of the Income Proof of family member/or Prescribed Medical Certificate for enrolment under the category -Relationship- (critical diseases) of family member

Signature of the Pensioner _____

e-mail information to principal@maulanaazadcollegekolkata.ac.in