



राष्ट्रीयबीजनिगमलिमिटेड
भारत सरकार का उपक्रम
(मिनिरत्नकम्पनी)
बीजभवन, पूसापरिसर
नईदिल्ली- 110012

NATIONAL SEEDS CORPORATION LIMITED
(A Government of India Undertaking)
(CIN : U74899DL1963PLC003913)
BEEJBHAWAN, PUSA COMPLEX
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INTER OFFICE MEMO

From : Addl. General Manager (HR)
To : All Heads of Department, NSC, Corporate Office.

File No. 220(1)/10-HR/NSC

Dated: 08 February, 2022

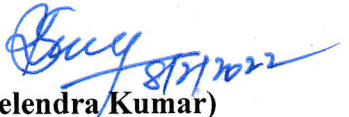
Sub: Submission of declaration of dependant family members for reimbursement of medical claim as on 1st January, 2022.

As per NSC Medical Attendance Rule, every official is required to declare the details of dependant family members for claiming of reimbursement of medical expenses as on 1st January every year in prescribed format.

Accordingly, all the Heads of Department are requested to advise the Officials working under them to submit the declaration form as on 1st January, 2022 to HR Department on or before 20th February, 2022. The copy of prescribed declaration form is enclosed as **Annexure-A**.

Further, the declaration form must be countersigned by the Controlling Officer before forwarding to HR Department for record. Since, the declaration form will also be forwarded to Welfare Division for verification of dependency. Hence, the declaration form must be submitted in two copies.

This is for your information and necessary action.


(Sheelendra Kumar)
Addl. General Manager (HR)

Encl: as stated

Copy to:

1. General Manager (F&A-Welfare) for information and further necessary action.
2. All Regional Managers/Heads of Farm – with the request to get the above declaration duly completed from all the employees and same may be kept in their Service Record and a copy of same may also be forwarded to Accounts Section of respective Regional Office/Farms.
3. In-charge, IT Cell- with the request to upload the said IOM along with declaration form on the website.
4. Notice Board for information of all concerned.

NATIONAL SEEDS CORPORATION LIMITED
NAME OF THE FARM/OFFICE _____

DECLARATION ABOUT FAMILY MEMBERS FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
AS ON 1st APRIL, _____
(To be submitted on first week of January every year)

I _____ (Name) _____ (Designation) working at
_____ (office) do hereby declare that:

I. The members of my family and other depending for whom I shall be claiming reimbursement of medical expenses are as under:-

S. No.	Name (S/Sh./Smt.)	Date of Birth/Age	Relationship with employee	Marital Status (Married/Unmarried/Widow)	Since when residing with employee
1					
2					
3					
4					
5					
6					

2. My wife/husband is employed in _____/is not employed, and she/he will/will not claim reimbursement from NSC OR her/his employer.
3. My bother(s)/unmarried sister(s) employed in _____ (Govt.Public Sector/Private Sector) will not claim reimbursement of medical expenses in respect of above dependents (Parents/Brothers/Sisters) for whom I shall claim.
4. My other bother(s)/sister(s) are not contributing to the upkeep of my dependent(s) (Parents/Brothers/Sisters) because of the following reasons:
5. My son/daughter as indicated at Serial No. _____ above is presently living at _____ for pursuing higher studies in _____.
6. Certified that the person(s) for whom reimbursement will be claimed by me is/are wholly dependent on me and residing with me. Their Income from all sources put together does not exceed the existing prescribed limit under the Medical Attendance Rules in each case.
7. I undertake to inform the Management about deletion/additional in the above list within a period of 30 days of occurrence.

Signature of the employee

Name _____

Aadhar No. _____

Pan No. _____

Date : _____

SIGNATURE & COMMENTS OF THE CONTROLLING OFFICER
To be forwarded to HR Department for Approval & Record