

**Shri Mata Vaishno Devi University**

**Enrolment Form – J&K Govt. Employees / Pensioners Group Health  
Insurance Scheme.**

**Form Annexed with Circular no. 102-FO dated: 6-12-2017**

Administrative Department\* ..... Directorate/HoD/Controlling office\* .....

DDO Code\* ..... District-..... DDO Name\* .....

Office address of the DDO / Nodal Officer.....

DDO/Nodal Officer Contact No..... DDO/ Nodal office Email ID.....

**Employee Details (Block Letter)**

Name of the Employee\*Dr. Vineet V. Tyagi Employee DoB\* 15/03/1979, Sex\* Male Employee Mobile No: 9596355889

Designation of the Employee\*Assistant Professor Emp ID 279013 Emp. Email ID v.tyagi@gmail.com

Address: School of Energy Management, Shri Mata Vaishno Devi University, Katra,

.....  
Pin Code\* 182320..... Dist\*Reassi

Aadhar Card No 6256-3433-3885

**Employee can cover any 5 dependents in between spouse/children/parents/siblings**

**Female employee can cover parents/in laws (any couple) as dependent**

**Particular of the Dependents of the employee**

<b>Sr. No</b>	<b>Full Name* (in Block Letters)</b>	<b>Sex (M/F)*</b>	<b>Relationship with Employee*</b>	<b>Date of Birth* (DD/MM/YY)</b>	<b>Aadhar Card No.</b>
1.	Richa Kothari	F	Spouse	21/09/1977	
2.	Ananya	F	Daughter	24/09/2009	
3.	Aradhya	F	Daughter	12/10/2012	
4.	Sushila Tyagi	F	Mother	13/03/1952	
5.	Ajay Veer Singh Tyagi	M	Father	30/09/1953	

**Note:**

1. The employees are required to fill up the prescribed format properly and include only those dependents who are intended to be covered under the policy.
2. The DDOs/Nodal Officers concerned are requested to verify the above details stated by employee.



**Signature of Employee**

Date: 23 March 2018

Place: SMVDU  
**Officer**

**Seal & Signature of DDO/Nodal**

**Note:**

1. Form to be filled in **BLOCK LETTERS** and with Ball Pen.
2. Information with \* mark is compulsory to be provided by proposer without \* form may be rejected.
3. Your mobile number is unique ID no. hence to be used carefully.
4. Aadhar card number if available should also be mention of each member of the family.
5. The form should be verified by DDO stating his name and DDO code number with sign & Stamp.