



**BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI – 620 024.**

**[FORM-I]**

**FORM FOR FURNISHING PENSIONER /FAMILY PENSIONERS DETAILS**

**[UNDER NEW HEALTH INSURANCE SCHEME, 2022 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.]**

**Photo**

- 1) Photo in case of Family Pensioner.
- 2) Joint Photograph in case of Pensioner.

<b>1.</b>	(a) PPO No.	:	
	(b) Name of Pension Disbursing Office	:	
<b>2.</b>	PPO No.OAC/UST (in the case of Pensioners who are getting payment outside the State)	:	
	Treasury / Sub Treasury / Pension Pay Office, Chennai	:	
<b>3.</b>	Name of the Pensioners / Family Pensioner * (in <b>BLOCK LETTER</b> )	:	
<b>4.</b>	Name of the Spouse in case of Pensioners (with Joint Photograph).	:	
<b>5.</b>	Bank & Branch with Account No. from where the Pension / Family Pension is drawn.	:	
<b>6.</b>	(a) Permanent Address(in <b>BLOCK LETTERS</b> ) (duly furnish District & PIN Code)	:	
	(b) Present Address	:	
<b>7.</b>	Contact Details	:	
	(a) Phone No. with STD Code	:	
	(b) Mobile No.	:	
	(c) E-Mail ID (if available)	:	
<b>8.</b>	PAN No. (if available)	:	
<b>9.</b>	Post held by the Pensioner at the time of Retirement.	:	

<b>10.</b>	Office / Department from which the Pensioner retired.	:	
<b>11.</b>	Pension Drawn Particulars (whichever is applicable)		<b>Original Pension : Rs.</b>
			<b>Commuted Amount : Rs.</b>
			<b>Provisional Pension : Rs.</b>
			<b>Family Pension : Rs.</b>
<b>12.</b>	Date of Birth (with proof)	:	
	(a) Pensioner / Family Pensioner		
	(b) Spouse (in case of Pensioner only)	:	
<b>13.</b>	Date of Retirement of Pensioner	:	
<b>14.</b>	Details of Legal Heir		
	(a) Name	:	
	(b) Relationship	:	
	(c) Phone / Mobile No.	:	
	(d) E-Mail ID (for communication purpose).	:	
<b>15.</b>	Previous NHIS Card No	:	

Certified that the above particulars furnished by me are correct.

**Signature/Thumb Impression  
of the Pensioner / Family Pensioners.**

Certified that the above particulars are verified with the pension records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

**Signature of the Pension Disbursing Officer**

Name :  
Designation :  
Date :  
Seal :



**BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI – 620 024.**

**[FORM-II]**

**NEW HEALTH INSURANCE SCHEME, 2022 FOR  
PENSIONERS(INCLUDING SPOUSE)/ FAMILY  
PENSIONERS.**

Name of the Pensioner :

Category of Pensioner :

Pension Payment Order No :

Bank & Branch :

**OPTIONS TO BE EXERCISED**

**[The scheme is compulsory for all Pensioners / Family Pensioner. The following categories of Pensioners / Family Pensioners alone are entitled to exercise their option]**

Sl. No.	Categories	OPTION [Yes/No]	Remarks
01.	All India Service (AIS) Pensioner.	[Yes/No]	[Applicable] / [Not Applicable]
02.	A Pensioner who is a recipient of All India Service (AIS) Family Pension.	[Yes/No]	[Applicable] / [Not Applicable]
03.	If spouse of the Pensioner is a State Government Employee. <b><u>Details of Spouse.</u></b>	[Yes/No]	[Applicable] / [Not Applicable]
	(a) Name of Spouse	:	
	(b) Office of Spouse	:	
	(c) Designation of Spouse	:	
	(d) NHIS, 2012 ID Card No. of the Spouse.		
04.	If both Husband and Wife are Pensioners. <b><u>Details of Spouse.</u></b>	[Yes/No]	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Spouse's PPO No.	:	
	(c) Whether the NHIS, 2014's subscription is deducted from the spouse.	:	[Yes/No]
05.	If a Pensioner is also a Family Pensioner. <b><u>Details of Family Pensioner.</u></b>	[Yes/No]	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Account No. from where Family Pension is drawn.	:	

\* This annexure is to be filled and handed over to the authorities concerned only by the above categories of Pensioners / Family Pensioners.

<b>Sl. No.</b>	<b>Categories</b>	<b>OPTION [Yes/No]</b>	<b>Remarks</b>
<b>06.</b>	If an individual draws more than one Family Pension. <b><u>Details of Other Pension from which recovery should not be done.</u></b>	[Yes/No]	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No.	:	
<b>07.</b>	In the case of CPS retirees including their spouse.	[Yes/No]	
	(a) CPS No.	:	
	(b) Name of CPS retirees	:	
	(c) Name of spouse	:	
	(d) Details of amount paid	:	
	(e) District	:	

Certified that the above particulars furnished by me are correct.

**Signature / Thumb Impression of the Pensioner / Family Pensioners / CPS Retirees.**

Certified that the above particulars are verified with the pension / CPS records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

**Signature of the Pension Disbursing Officer and Head Office in case of CPS Retirees**

Name :  
Designation :  
Date :  
Seal :