



Ref. No.:- VU/R/1356 /2017

Dated:- 02.11.2017

Notification

**Subject:- West Bengal Health Scheme for Grant-in-aid College and University
Teachers, 2017**

Ref. No.:- Government Order No.:- 848-Edn (CS)/1M-01/2017, dated- 01.08.2017

I have been directed by the Hon'ble Vice-Chancellor to notify for information of all substantive Serving Teachers including Librarians of the University that the State Government has decided to extend the benefits of "West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017" to the substantive Serving Teachers including Librarians of State aided Universities and the family members thereto as per Government order No.- 848-Edn(CS)/1M-01/2017, dated- 01.08.2017.

In this connection, the interested Serving Teachers including Librarians who are appointed on substantive basis may enroll under the provision of "West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017" scheme on filling up the option **Form-A(Application for enrolment) in triplicate** given below in terms of the relevant provisions of the said scheme. The said option form is to be submitted to the office of the Registrar by 30.11.2017.

Sd/-

Registrar

Copy to:

- 1. All Academic Heads with a request for wide circulation among the Teachers.**
- 2. Deputy Librarian**
- 3. Assistant Librarian**

FORM-A
Application for enrolment
(See sub-clause (1) of clause 4)

To
The Registrar
Vidyasagar University

Sir,
I, Shri/ Smt/ Dr./ Prof./.....(designation)

.....attached to Vidyasagar University under Department of Higher Education,
Science & Technology and Biotechnology do hereby opt for coming under the West Bengal Health
Scheme for Grant-in-aid College and University Teachers, 2017, with effect from.....

The particulars of the members of my family as defined in para 3(e) of the Scheme are as follows:

Name of the Teacher	:	
Designation	:	
Residential address	:	
Date of birth	:	
Date of joining in university	:	
Date of superannuation	:	
Present pay(Band + Grade Pay)	:	

Details of Family:

Sl. No.	Name	Age	Relationship	Monthly income, if any
01				
02				
03				
04				
05				

I do hereby declare that upon enrolment under the above scheme I shall forgo the regular medical allowance drawn by me as part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017, as may be in force from time to time.

Signature of the Applicant