



Aliah University

A UGC approved autonomous Institution under the Department of Minority Affairs and Madrasah Education,
Govt. of West Bengal

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Memo No: AU/REG/1255/17

Date: 27.11.2017

NOTICE

In compliance with the Govt. Notification No. 848-Edn (CS)/IM-01/2017 dated 01.08.2017 regarding medical benefits to the Serving Teachers including Librarians & Graduate Laboratory Instructors of Govt.-aided colleges & state-aided Universities and their family members, all concerned are requested to enroll themselves under the said W. B. H. Scheme, 2017. For enrollment, all are requested to fill in Form-A which may be downloaded from the following website and submit the same to the Registrar of the University on post-haste basis.

Website: <https://wbxpress.com/wp-content/uploads/2017/08/848-Edn.pdf>

By Order

FORM A

Application for enrolment

(See sub-clause (1) of clause 4)

To

The(College Authority/University Authority)

Sir,

I, Shri/Smt(designation).....attached to(college/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 college/ university :
Date of superannuation :
Present pay (Band + Grade Pay)

Details of Family

Sl. No.	Name	Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

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