

Jadavpur University

Ref. No.: REC/N/ 434/2019

Dated 07.11.2019

NOTICE

This is to inform that introduction of West Bengal Health Scheme extended for the Teachers and Officers of the University as per notification No. 546/Edn.(CS)/1M-01/2017, dated 8th March,2019, issued by the Higher Education Department, Government of West Bengal, is accepted by the Executive Council resolution No.:27 dated 16 August 2019.

The Health Scheme for the Teachers and Officers of the University is being introduced with immediate effect. The salient features are as follows:

1. The whole process is on-line through the portal of West Bengal Health Scheme of the State Govt.
2. The enrolment is optional. All Teachers & Officers are to enroll individually with the family members. The benefit can be extended to the defined family members only.
3. The inclusion of a Teacher/Officer and family members is to be confirmed by the FO/Registrar, after which the registration will be valid. The enrolment certificate will be available thereafter for inclusion in the health scheme.
4. The Medical Allowance need to be surrendered, which is now Rs.300/-
5. The benefit is unlimited, as per specified terms & conditions; but there is no cashless.
6. The enrolment can be surrendered, after which the member can never re-enter.
7. The benefit is not available to the pensioners & Non-teaching staff, now.
8. A person can enroll any time they wish, thus there is no deadline.

A helpdesk will be opened in the EWU after the notification is issued to guide all interested Teachers & officers, where a staff of the section has been sent for training. A format for enrolment has been designed, which is enclosed.

All concerned Associations are requested to publicise on the matter. The forms of enrolment and re-imburement of claims along with prescribed format for approval, recommendation and sanctioned of claims are available in the website of West Bengal Health Scheme.

Co-operation of concerned is solicited.


FINANCE OFFICER

P.T.O.

JADAVPUR UNIVERSITY

Family Details furnished for enrollment in WBHS

Name of the Applicant (Teacher/ Officer) :

Department:

Employee ID:

Designation:

Cont. No:

Sl No	Name of the Family Member	Date of Birth	Age as on 30/6/19	Sex	Relation with the Applicant	Employment Details*	Blood Group	Nature and Identity Proof No
1								
2								
3								
4								
5								

* If employed, please provide employer and other details.

I do hereby declare that the above mentioned persons are the members of my family as on

Date:

Signature in full

Name:

Designation: