

**NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA 136119**

OPTION FORM FOR EXISTING / CONTRIBUTARY HEALTH SERVICE SCHEME

I am a regular employee of the institute and I do hereby submit that I have read all the terms of reference and other details of the new medical health service scheme of NIT Kurukshetra.

My details are furnished below:-

1. Name of Employee : _____

Present Status : serving
(Please tick one of them)

Department/Section : _____

3. Employee ID number : _____

4. Details of serving employee and other covered dependents

Sr. No	Name of covered employees / dependents	relationship	Date of birth	Age in complete years as on 31 st May 201..
		self		

5. Present address : _____

PIN _____

6. E-mail ID(if any) : _____

7. Telephone No. : _____/(MOB)_____

8. I would like to opt for the : Existing medical scheme of the Institue New medical scheme (Contributory HSS)
(Pl. tick any one of them)

Signature: _____
Name: _____
Date: _____

To

Registrar,
NIT Kurukshetra