

Handwritten signature



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NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

MAHATMA GANDHI AVENUE, DURGAPUR – 713209 (WEST BENGAL)

I N D I A

(Ref : Note Sheet vide NITD/Estt./FMA/01/15, dated : 01.04.2015)
(UNDERTAKING FORM FOR FIXED MEDICAL ALLOWANCE)

OM No. 38/99/99-P&PW(C.), dt. 17th April, 2000 (DOP&PW)

(To be submitted by Pensioners'/Family Pensioners of NIT Durgapur)

I,am a **retired**

Employee/Family Pensioner w/o or D/o

.....(Name of the deceased Employee/Pensioner).of.....

..... (Department & Office Address) declare that I am

residing at.....

(residential Address indicated in PPO) **which area is covered/not covered under**

(Services from Medical Unit of NITD) administered by the Ministry/Department of

..... (as the case may be).

I have also not obtained / do not wish to obtain a Medical Book of NITD and avail

out-door facilities (Services from Medical Unit of NITD) under MHRD, GOI.

Fixed Medical allowance (FMA) may / may not be allowed based on the above

declaration

Place:..... Signature.....

Date :..... Name in Full

SB A/C No..... PPO No:.....

Name of Bank, Branch & code :.....

Mob No &E Mail address(if any):.....

For office use:

Particulars Verified

Signature of (PDA) of Pension Cell