SAMBALPUR UNIVERSITY

Jyoti Vihar, Burla-768 019 Sambalpur, Odisha



ସୟଲପୁର ବିଶ୍ୱବିଦ୍ୟାଳୟ

ଜ୍ୟୋତି ବିହାର, ବୂର୍ଲା-୭୬୮୦୧୯ ସୟଲପୁର, ଓଡ଼ିଶା

(Accredited with Grade 'A' by NAAC)

No_25 /Estt.-1

Date: 04/01/2022

NOTIFICATION

It is for information of all concern that it has been decided to start Group Health Insurance for all the non-teaching employees including their children, spouse and other dependants. The employees will get health card and the sum assured which has been tentatively finalized is Rs.2.0Lakhs. In order to calculate the premium the details has to be provided by all the employees in the format enclosed herewith. The information should reach the undersigned latest by 7th January, 2022 so that we can send the information to the concerned insurance agency for getting idea about the premium to be paid by the insured employee.

By order of Vice-Chancellor

Registrar 11/22

Date: 04/01/2022

Memo No_____/Estt.-I

Copy forwarded for information and necessary action to:

- 1. Chairman, P. G. Council, Sambalpur University.
- 2. Comptroller of Finance/Controller of Examination, Sambalpur University.
- 3. Director, CDC / UGCHRDC /IQAC/ SRIC/ SUIIT / DDEC / PEC, Sambalpur University.
- 4. Warden P.G. Hostels/ All Hostels Superintendents, Sambalpur University.
- 5. All H.O.D, P.G. Departments of Sambalpur University.
- 6. Dy. Director, e-Gov, SU with request to upload this notification in our University website.
- 7. All Officers/ Section Officers, Sambalpur University.
- 8. Nodal Officer, AISHE Cell, Sambalpur University.
- 9. The Principal, L.R. Law College, Sambalpur/ Jyoti Vihar Junior College/ Head Master Jyoti Vihar High School, SU.
- Secretary to VC for kind information of the Vice-Chancellor.
- 11. Two spare copies to Estt-I section.

Registrar 411/22

| Group Mediclaim Template for Premium Quote | | | |
|--|--|------------------|--------|
| Full Name of Organisation | SAMBALPUR UNIVERSITY | | |
| Nature of Business | EDUCATIONAL INSTITUTION | | |
| Address | JYOTI VIHAR, BURLA – 768019 SAMBALPUR, ODISHA | | |
| Employee ID : | | Date of Birth | Gender |
| Name of the Employee, Email ID & Mobile No: | | | |
| Address | | | |
| Father's Name: | | | |
| Mother's Name: | | | |
| Spouse Name : | | | |
| Son's/Daughter's Name : | 1 | | |
| | 2 | | |
| | 3 | | |
| | 4 | | |
| Other Dependants (If any) | | | |