

**UNDERTAKING FOR THE YEAR 2022-23 FOR OBTAINING MEDICAL FACILITY FROM
ICAR NINFET**

Name of the Employee/Pensioner/Family Pensioner: _____

I hereby undertake that subject to the following conditions as furnished below:-

| Sl. No. | Definition | Clarification |
|---------|---|--|
| 1. | Unmarried son/Step son | Till he starts earning (₹. 9000/- as basic), or attains the age of 25 years, whichever is earlier. |
| 2. | Daughter | Till she starts earning (₹. 9000/- as basic) or gets married, whichever is earlier, irrespective of age-limit |
| 3. | Son suffering from permanent disability of any kind (Physical or mental): | No age-limit |
| 4. | Widowed daughters and dependent divorced/judicially separated daughters with income below ₹. 9000/- as basic | Irrespective of age-limit |
| 5. | Sister including unmarried /divorced/abandoned or judicially separated from husband/widowed sisters | Irrespective of age-limit. |
| 6. | Parents/ Step Parents / Parents in Law | Fully dependent and earning below ₹. 9000/- as basic (claim for either parents or in-laws in female employee) |
| 7. | Dependency on the basis of income | The income limit for dependency of the family members (other than spouse) is ₹ 9000 plus the amount of Dearness Relief admissible on ₹9000 on the date of consideration of the claim |
| 8. | Both husband and wife are employed in a State Government, Defence/Railways or Corporation/Bodies financed partly/wholly by the Central/State Government, local bodies and private organizations | Either of the spouses may choose to avail the medical facilities under central government rules or facilities provided by the organisation in which the spouse is employed. In either case a certificate to be furnished that the facilities are availed from only one source. |
| 9. | Husband & wife both are central government servant | Prefer claim for self and eligible members of their family, (either of the spouse) according to his/her status. |

The above terms and conditions/facts read by me and as per the said criteria, the name of beneficiary from my family for the purpose of obtaining medical facility from ICAR NINFET (including self) are-

| (Name) | (Relation) | (Age) |
|--------|------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

In case of violation of any of the rule mentioned above, I shall render myself liable to appropriate action as per rule being taken against me. I shall also deposit the Medical Card to the issuing authority (AAO, Adm-I) immediately, in case the above mentioned criteria (any one) is not fulfilled in a particular case.

Signature of the
Employee/Pensioner/Family Pensioner

Date:
Place: