CONTRIBUTORY MEDICAL SCHEME DECLARATION BY MEMBERS OF THE SCHEME (Reference OM No. 1.207/M/1818 dt. 08.03.06)

NAME OF THE MEMBER	
DESIGNATION, DEPARTMENT	

1. DECLARATION OF DEPENDANTS

Note: (1) The spouse is exempted from the ceiling of income; but to be a CMS member, a working spouse cannot avail of any medical benefit admissible at the place of work, (2) Other dependants who earn more than Rs. 3500/- per month are not eligible, (3) No column of the declaration sheet should be left blank, e.g. to write 'NIL' at least.

NAME	AGE	DATE OF BIRTH	RELATION	ADDRESS	INCOME	REMARKS

2. DECLARATION OF PHYSICIANS (Indian System of Medicines) NAMES OF PHYSICIANS

NAMES OF PHYSICIANS								
FAMILY PHYSICIAN	DEGREE	REGISTRATION	REMARKS					
		1120101112111011						
TWO SPECIALISTS	DEGREE	REGISTRATION	REMARKS					
TWO SPECIALISTS	DEGREE	REGISTRATION	REWARNS					
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I hereby submit the above information as my declaration for the benefits of the Contributory Medical Scheme of the Indian Association for the Cultivation of Science.