



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
प्रशासन अनुभाग
ADMINISTRATION SECTION

कमरा सं. 211, (संकाय भवन)

पो. आई आई टी कानपुर – 208016 (उ.प्र.), भारत

Room No. 211 (Faculty Building)

PO. IIT KANPUR-208016 (UP), INDIA

No. Estt./OO/2023/IITK/1077

Date: October 31, 2023

OFFICE ORDER

Subject: OPD facilities to ex-servicemen rendering regular service in the Institute.

This is to inform that the ex-servicemen who are regular employee of this Institute are allowed to avail the Institute OPD facilities including medicines, diagnostics and consultations with Institute empaneled consultants (Medical).

To avail above mentioned medical facilities staff are required to fill an undertaking as per the attached format (Annexure-1).

This has been issued with the approval of the Competent Authority of the Institute.


Deputy Registrar (Admin.)

Copy to:

1. Director
2. Deputy Director
3. Registrar
4. Dean, DOAD
5. All Heads of the Deptt./Section/Unit
6. ID Cell
7. Health Centre
8. Web Master
9. File- Office Order



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पो. आई.आई.टी. कानपुर- 208016 (उ.प्र.), भारत
PO. IIT KANPUR-208016 (UP), INDIA

I hereby undertake the following: -

1. I will not be availing medical facilities from any other agency except from Indian Institute of Technology, Kanpur (IITK) as allowed from time to time.
2. I authorize the competent authority of IITK to make such enquiries or obtain such information to satisfy themselves that this undertaking is honored by me.
3. I understand that it is not applicable to IPD & Day care procedure and is only applicable to OPD, Medicines, Diagnostics and consultations with Institute empanelled consultants (Medical) as applicable from time to time.
4. In case of any change in my view for availing the above facilities, I will intimate the Institute of the same 30(thirty) days before desiring a change in the above arrangements.
5. I also understand that in case I do not abide by the undertaking provided, the institute may proceed against me as per rules & norms of the institute.
6. I reiterate that the following are dependent on me, and their income (if any) is less than Rs.9000/plus Dearness Allowance/Relief thereon per person per month from all sources including stipend and scholarship (as per declared by C.G. from time to time).

SR. NO.	Full Name	Relationship	Date of birth in DD/MM/YYYY (attach proof)	Status (Married/ Unmarried/ Widowed)	Occupation

Forwarded
(Head of Department/In-charge)

Signature:
Name:
P.F. No.
Designation:
Department:
Date: