

**BOSE INSTITUTE  
KOLKATA**

**APPLICATION FOR CMS CARD**

1. Name of the Applicant :
2. Category : Serving/Pensioner/Family Pensioner
3. Designation :
4. Scale of Pay :
5. Present Basic (as on ..... ) :
6. Date of Superannuation :
7. Basic Pension (for Pensioners) :
8. Complete Residential Address :
  
9. Telephone Number(s) – Residence :  
– Mobile :
10. E-mail ID :
11. Particulars about Spouse
  - (a) Name :
  - (b) Profession :
  - (c) If employed, designation and full office address with telephone nos. :
  - (d) Whether in receipt of medical reimbursement/fixed medical allowance : Yes / No
  - (e) If yes, please give details :
  - (f) If both husband and wife are employed, whether joint declaration submitted as to who will prefer the claim for reimbursement (if so please attach a copy of the same) :

12. Details of Family (Please paste ID Card Size photo of each member of family including self, in the space given below)

	Sl. No. 1	Sl. No. 2	Sl. No. 3
	Photo (2 x 2 cm)	Photo (2 x 2 cm)	Photo (2 x 2 cm)
Name in full in CAPITAL letters			
Relationship with the applicant	Self		
Date of birth			
Profession			

	Sl. No. 4	Sl. No. 5	Sl. No. 6
	Photo (2 x 2 cm)	Photo (2 x 2 cm)	Photo (2 x 2 cm)
Name in full in CAPITAL letters			
Relationship with the applicant			
Date of birth			
Profession			

	Sl. No. 7	Sl. No. 8	Sl. No. 9
	Photo (2 x 2 cm)	Photo (2 x 2 cm)	Photo (2 x 2 cm)
Name in full in CAPITAL letters			
Relationship with the applicant			
Date of birth			
Profession			

Note 1:	Please see the definition of family and condition of dependency before filling the column.
Note 2:	Please attach proof of age of son/disability certificate.
Note 3:	Please attach proof of their staying with you, like Ration Card/Voter's ID/ Passport/ID Card issued by College/ School/University/Bank Pass Book

etc.)

**DECLARATION**

I undertake to intimate to Bose Institute immediately if there is any change in dependency criteria of my family members, included in this application form. I understand that if I fail to intimate and if the Institute comes to know of the change, my CMS facility is liable to be withdrawn and the Institute can initiate any action against me.

I undertake to surrender the CMS Card on my leaving the Institute on retirement/ termination / resignation or on ceasing to be eligible for CMS benefits.

I declare that all the members of family (other than the spouse) whose names are proposed to be included as my dependent has income of less than Rs. 1500/- per month.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

I herewith enclose the copies of – (i) Proof of residence/Stay; (ii) Proof of age of son/disability certificate; (iii) joint declaration; (iv) One additional copy of photograph of each member of family in an envelope.

Date :

\_\_\_\_\_  
Signature of the Applicant

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**VERIFICATION BY THE OFFICE**

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The information furnished by the applicant has been verified from records and found to be correct. It has also been verified that the applicant has submitted the declaration form and CMS contribution from him/her is being recovered/deposited. Recommended that the CMS Card may be issued to him/her.

Remarks, if any :

Dated:

\_\_\_\_\_  
Signature of the Verifying Officer

### GENERAL INFORMATION

1. **Validity** : The CMS Card would be valid for 5 (five) years.

2. **Definition of Family** :

- (a) Husband / Wife \* (\*First wife only)
- (b) Dependent Parents/Step Mother (in case of adoption, only adoptive & not real parents)
- (c) If adoptive father has more than one wife, the first wife only.
- (d) Children including legally adopted children, step children and children taken as wards subject to the following conditions :

(i)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier.
(iii)	Son suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced abandoned or separated from their husband/widowed sisters	Irrespective of age limit.
(v)	Dependent minor brother(s)	Upto the age of becoming a major

The following Documents are to be enclosed in support of:

- (1) Proof of Residence/Stay of dependents (copy of Ration Card/Election ID/Passport Identity Card issued by College/School/University/Bank Pass Book etc.)
- (2) Proof of age of son
- (3) Attested copy of Disability Certificate issued by Competent Authority (in case of dependent son aged 25 and above).

3. **Dependency** -

- (i) A member of the family is treated as dependent only if his/her income from all sources including original pension (before commutation), pension equivalent of DCRG benefit and exclusive of the relief on pension sanctioned after December, 1995 and Dearness Pension granted from 1-4-2004 is less than Rs. 1500 p.m.
- (ii) The husband or the wife as the case may be are not considered as dependent.

- (iii) Such parents who reside with either the Government servant or the rest of the family members in a station other than the employee's headquarters are eligible for reimbursement.

4. **When both husband and wife are employed -**

- (i) The couple together with all family members form a single unit for medical claims unless they are judicially separated.
- (ii) When the spouse employed in Central Government/State Government, Defence/Railways or Corporation / Bodies finance partly / wholly by the Central / State Government, local bodies and private organizations, which provides medical services, the husband and wife should furnish a joint declaration as to who will prefer the claim for reimbursement in respect of the spouse and family members. The declaration may be revised in the event of promotion, transfer, resignation, etc., of either.
- (iii) In the absence of joint declaration, the husband will prefer the claim.
- (iv) When the wife elects to prefer claim, she will be free to choose either her parents or parents-in-law for purposes of medical benefits. The declaration can be changed only once during service.
- (v) If judicially separated, pending decision on guardianship, either spouse may claim reimbursement for children.
- (vi) Where both the husband and wife are employed in Bose Institute, either of them may prefer claim for self and eligible members of their family, according to his / her status.
- (vii) If the spouse is in receipt of fixed medical allowance for himself / herself, the Bose Institute employee can avail medical facilities for himself / herself and members of family residing with him / her and not for the spouse.

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