**ACADEMIC SECTION**

**INDIAN INSTITUTE OF SCIENCE**

R(II)/Acad/GMP/2015 22nd July 2015

The Chairpersons of the Dept/Centre, W/c

Dear Sir/Madam,

The undersigned is directed to bring it to your kind notice that the Institute is implementing the **Group Mediclaim Policy** for all students from this academic year (July 2015). The premium is **Rs.950/-** per student **per annum** inclusive of all taxes. The policy is issued by M/s. New India Assurance Co. Ltd.,

This policy is **compulsory** for students who have joined the Institute in July 2015 for the academic year 2015-16. For ‘old’ students who have joined the Institute in the academic year 2014-15 or earlier, enrollment is **optional.** For ‘old’ students last date to opt for enrollment is **14th August 2015.** The policy for the ‘old’ students will come in force from September 01, 2015 and the premium amount from September 01, 2015 to July 31, 2016 will be charged prorata.

Project Assistants and Post-doctoral fellows below the age of 35 years are also eligible to enroll for the insurance. The conditions are same as those for ‘old’ students. Students leaving the Institute can drop out from the date of leaving and they will be refunded the amount of premium on prorata basis from the date of leaving to the end of the contract.

The details of the Group Mediclaim Policy are attached for your ready reference. You are requested to bring it to the notice of all students of your department and collect the completed and duly signed option forms and pass them to the Academic Section on or before 29th July 2015 for new students and on or before 14th August 2015 for ‘old’ students.

Thanking you

Yours faithfully,

ASSISTANT REGISTRAR

ACADEMIC

**The Chairperson of all Departments/Centres and the Chairman, Student Council** - Kindly give wide publicity to ‘old’ students for enrollment.

ASSISTANT REGISTRAR

ACADEMIC

Enclosure:

1. Annexure-1: Proforma for new students
2. Annexure-2: Proforma for ‘old’ students
3. Annexure-3: Terms and Conditions of the Policy

**Annexure - I**

**PROFORMA FOR NEW STUDENTS**

**INDIAN INSTITUTE OF SCIENCE**

Form for enrolling on Group Mediclaim Policy for Students

1. S.R. No. :
2. Name :
3. Date of Birth :
4. Age :
5. Department :
6. Contact No. :
7. Contact Address :
8. Email-ID :
9. Premium Amount : Rs. 950/- inclusive of all taxes per annum
10. Policy Period : 1st August 2015 to 31st July 2016

I hereby authorize the Financial Controller, IISc., to deduct the premium mentioned above from my Scholarship amount.

SIGNATURE

Signature of the Chairperson…………………

Department of………………………………………..

**Annexure - II**

**PROFORMA FOR ‘OLD’ STUDENTS**

**INDIAN INSTITUTE OF SCIENCE**

Form for enrolling on Group Mediclaim Policy for Students

1. S.R. No. :
2. Name :
3. Date of Birth :
4. Age :
5. Department :
6. Contact No. :
7. Contact Address :
8. Email-ID :
9. Premium Amount : Rs. 870/- inclusive of all taxes
10. Policy Period : 1st September 2015 to 31st July 2016

I hereby authorize the Financial Controller, IISc., to deduct the premium mentioned above from my Scholarship amount.

SIGNATURE

Signature of the Chairperson…………………

Department of………………………………………..