



**NATIONAL FERTILIZERS LTD
CORPORATE OFFICE : HR DEPARTMENT : NOIDA**

CIRCULAR NO.PA 712 183

No: NFL/CO/Pers/Med/3.34/

April 1, 2016

Sub: Declaration of Dependent family members for the purpose of Medical Reimbursement for year 2016

NFL Medical Attendance & Treatment Rules have been revised with effect from **15.02.2016**.

The income ceiling for treating parents of employees as dependents for the purpose of Medical attendance has been revised from **Rs.5000/- to Rs.7000/- per month**.


In light of the above changes, employees have to fill fresh declaration forms in respect of dependent family members so that their OPD and IPD medical claims can be processed and settled.

Employees have to fill the annexed declaration forms and submit the same to HR department through their respective Departments. Departments will send the same in one lot and not in piecemeal basis. The original declaration forms will be kept in the personnel file of the employee and only in case of CO/CMO employees, a copy of the same will be sent to CO (F&A) Department for processing the claims as per declaration given by the employee.

It will be the responsibility of the employee to intimate any changes in the declaration to the Establishment Section of HR Deptt. Any omission on the part of the employee will be his/her responsibility and will attract the appropriate provisions of NFL Employees (CDA) Rules/ Standing Orders.

All employees are requested to fill up the annexed revised Declaration Form.

Hindi Version follows -


(D.R. Choudhary)
Chief Manager (HRD)

Encl: As above

Copy to :-

- Sr. Manager (HR) - C&MD Sectt.
- Secretary to Director (Tech)/ Director (Fin)/ CVO
- CGM (Mktg) CO
- All HODs at CO/CMO NOIDA

Via e-mail

UNITS / ZONES

- Unit Heads – Panipat/ Batinda / Vijaipur/ Nangal
- HR Heads - Bathinda / Nangal /Vijaipur /Panipat
- Zonal Manager, Chandigarh / Bhopal / Lucknow
- President, NFMEU CO/ NFMEU, Chandigarh

Via-email

Via-email



NATIONAL FERTILIZERS LIMITED

DECLARATION OF DEPENDENT FAMILY MEMBERS FOR THE PURPOSE OF MEDICAL REIMBURSEMENT FOR THE YEAR

NAME Designation E/No.....

Date of Birth Place of posting Present Basic Pay

Scale Code

Sr. No.	Name of dependent family member	Relationship with the employee	Date of Birth	Place of stay of eligible dependent	Age (Years)	Reason for stay other than the place of posting of employee
1.						
2.						
3.						
4.						
5.						
6.						

- a) Certified that income of my parents from all sources is less than Rs.7000/- p.m.
- b) Certified that my spouse is employed in (name of Organization) and he/she shall claim medical facilities from NFL as my dependent family member. I further undertake that my spouse will not avail any type of medical facilities including cash allowance etc., if available in that organization, from his/her employer.

OR

Certified that my spouse is employed in (name of Organization) and he/she shall claim medical facilities from his/her Organization.

Note: Any change in the status of residence may be informed to the Medical Section of the concerned Unit/Office.

(strike out whichever is not applicable)

.....
Signature of the employee

Date

Place

.....
Signature of HOD