

### **Declaration for Retirees**

I understand that the Group Medical Insurance Scheme (GMIS) of the Institute will be renewed w.e.f. 1<sup>st</sup> August, 2025 for coverage of IPD (hospitalized treatment) facilities.

In this regard, I hereby, provide detailed information of myself and my dependents that are eligible to avail medical facility as per institute rule, in the table below:

1. Family details:

Sl	Name	Relation	DOB (DD/MM/YYYY)	Sex

2. I wish to avail insurance coverage of Rs. .... (Rupees .....)  
for which payable premium is Rs. .... (Rupees .....)

Rates against the sum insured are given below:

Sl No	Coverage	Premium Amount
1	Rs. 5 lakhs	34913
2	Rs. 6 lakhs	41598
3	Rs. 7 lakhs	42934
4	Rs. 8 lakhs	44537
5	Rs. 9 lakhs	45981
6	Rs. 10 lakhs	47644
7	Rs. 11 lakhs	48914
8	Rs. 12 lakhs	50314
9	Rs. 13 lakhs	51856
10	Rs. 14 lakhs	53550
11	Rs. 15 lakhs	55416
12	Rs. 16 lakhs	56742
13	Rs. 17 lakhs	59721
14	Rs. 18 lakhs	62199
15	Rs. 19 lakhs	64930
16	Rs. 20 lakhs	67931
17	Rs. 21 Lakhs	71231
18	Rs. 22 Lakhs	74863
19	Rs. 23 lakhs	78860
20	Rs. 24 Lakhs	83254
21	Rs. 25 Lakhs	88091

*\*\*By signing below, I hereby declare that the premium amounts are calculated based on an assumed rate of GST at 18%. In case of any additional charges, I affirm to pay the difference amount to IIT Guwahati.*

3. I do hereby authorize the Institute to deduct a sum of Rs. ....as a premium for sum insurance coverage of Rs. .... from my pension of July, 2025.

☐ I do hereby certify that the information given above is true to the best of my knowledge.

Date :

Signature :

Place :

Name :

Emp. No. :

To,  
CMO(SAG)/ HoS (Medical Section), IIT Guwahati

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OFFICIAL USE

Verified. An amount of Rs..... (Rupees..... ) be deducted from pension of ..... in the month of July 2025 for Group Medical Insurance Scheme as insurance coverage of Rs .....Lakhs.

.....  
Supdt. Medical Section

.....  
HoS Medical Section

To  
HoS (Finance & Accounts)