



COOCH BEHAR PANCHANAN BARMA UNIVERSITY

Vivekananda Street, Cooch Behar - 736101, West Bengal, India, Ph. : (03582) 230218, Tele-Fax : (03582) 230833
E-mail : registrar@cbpbu.ac.in, cbpbuniversity@gmail.com, Website : www.cbpbu.ac.in

Dr. Abdul Kader Safily
REGISTRAR

Ref. No.: F142.V1/REG/359-18

Date: 23.03.2018

NOTIFICATION

This is for general information to all the whole time permanent teachers, Govt. Approved Contractual Whole Time Teachers (CWTTs), Govt. Approved Part Time Teachers (PTTs), Permanent Non-teaching staff and Daily Rated/Casual Non-teaching Employees of Cooch Behar Panchanan Barma University that the Government of West Bengal has introduced Group Health Insurance named "Swasthya Sathi" vide Notification No. 478-Edn (CS), Date: 03.05.2017. All the above mentioned teachers and Non-teaching employees who wish to enrol themselves in this scheme are requested to submit the proforma (enclosed herewith) with requites documents to the office of the undersigned on or before 05.04.2018.

Sdf-

Registrar

In communication to:

1. Office of the Hon'ble Vice-Chancellor, Cooch Behar Panchanan Barma University.
2. Office of the Finance Officer, Cooch Behar Panchanan Barma University.
3. Office of the Director of IQAC, Cooch Behar Panchanan Barma University.
4. Office of the Controller of Examinations, Cooch Behar Panchanan Barma University.
5. All the Departmental Heads/Co-ordinators and their colleagues, Cooch Behar Panchanan Barma University.
6. Office of the Central Library, Cooch Behar Panchanan Barma University.
7. Mr. Tanmay Dutta, is requested to upload the notice to the University Website.

af

Registrar

REGISTRAR
Cooch Behar Panchanan
Barma University

SWASTHYA SATHI DATA COLLECTION FORMAT

Data Base of SwasthyaSathi Beneficiary

District Name :		*Block / Municipality :	
*Name of Block / Municipality :		*GP Name :	*Mouza Name / Ward No:
Khadyasathi Ration card No:		*Name of Beneficiary:	
*Department name:		*Age :	*Sex :
*Category / Designation of Employee: (Para Teachers/Siksha Bandhu/Teacher/Non-Teaching Staff etc.)		Minority (Y/N):	
*In case of School Teacher/Para Teacher, Name of School.-		*Office/School Address:	
*Aadhaar No:		Residential Address:	
*Caste:			
*Mobile no:			
RSBY Enrolment status (Y/N): If Yes, URN Number			
*Name of Head of the Family : (Beneficiary)		*Relation with Beneficiary :	
		BPL Status :	
Remarks:			

★ Add Member of the Family:

Family Member Type	Name	Sex	Age	Relation With Beneficiary	*Mobile No	*Aadhaar No	RSBY Card (Y/N) if Y, Put RSBY URN No
Husband/ Wife							
Father							
Mother							
Father-in-law							
Mother-in-law							
Son/ Daughter							
Son/ Daughter							
Son/ Daughter							
Son/ Daughter							
Son/ Daughter							

(Signature of the Beneficiary)

Verified by the Head of the Department
(with seal & signature)