



Ref. No.: F86.V1/ REG /1971-18

Date: 26.12.2018

NOTIFICATION

This is for general information to all concerned that the a comprehensive Group Health Insurance Scheme introduced by the State Government of West Bengal for **Contractual Whole Time Teachers (CWTTs), Part Time Teachers (PTTs), Permanent Non-teaching, Daily Rated/Casual Non-teaching employees.**

For this purpose, the entire respective concerned are requested to submit **Application Form** to the office of the undersigned by **3rd January, 2019** as per following prescribed format.


Registrar

In communication to:

1. The Hon'ble Vice-Chancellor, Cooch Behar Panchanan Barma University.
2. The Finance Officer, Cooch Behar Panchanan Barma University.
3. The Controller of Examination, Cooch Behar Panchanan Barma University.
4. The Head/Co-ordinator, all the Departments, Cooch Behar Panchanan Barma University.
5. University Library, Cooch Behar Panchanan Barma University.
6. University Notice Board, Cooch Behar Panchanan Barma University.
- ✓ 7. Mr. Tanmay Dutta, is requested to upload the notice in the University website.
8. Guard File.


Registrar
Registrar
Cooch Behar
Panchanan Barma University

FORM
APPLICATION FOR ENROLMENT UNDER THE SWASTHYA SATHI SCHEME

PLEASE FILL THE FORM IN BLOCK LETTERS

Name of Employee			
Designation/Post			
Residential Address			
Date of Birth			
DETAILS OF FAMILY			
Sl. No.	Name	Relationship	Aadhar Card Number
1			
2			
3			
4			
5			

Signature of the Applicant