**Addition/Deletion/Correction of Medical Insurance Beneficiary to GMIS Database**

FILL this form, **GET it Attestated** and submit **PAPER copy** to Medical Section if:

1. Your insurance card has **mistakes** in gender, name or age **neglecting** rounding-off errors
2. You are a staff/faculty and you have a **new baby/child born** whom you want to add
3. You are a staff/faculty and you want to add OFFICIALLY declared and verified dependants
4. You **got married** and want to add your spouse
5. You lost (died) a dependant family member

Name of Faculty/Staff/Student:

Contact Details: Date: Signature:

IITG-Emailid: Alternate Email Address:

Mobile Number: Alternate Mobile Number:

| ID NUMBEREmp. ID...........Roll No. | TypeFaculty......Staff......Student | StatusRegular........Pensioner........Deputation | Name [CAPITAL LETTERS ONLY] | RelationshipSELF......Wife......Husband.......Son.......Daughter..........Mother..........Father.........MIL/FIL | Date of BirthActual/CorrectDOB(DD-MMM-YYYY)Eg.[01-JAN-1901] FORMAT ONLYALL OTHER FORMATS REJECTED! | GenderM....F | EntryNew/Add.......Correct/Rectify...........DELETE | Remarks |
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 **Attestation by the concerned section**

The data regarding name/dependants/date-of-birth have been verified and found to be true.

Signature:

HoS, Admin. Sec. (for Staff) /Fac. Affairs Sec. (Faculty)/Acad. Sec.(Student)

Place: IIT Guwahati Date: