



WEST BENGAL UNIVERSITY OF ANIMAL AND FISHERY SCIENCES

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Prof. Partha Das, Ph.D.
Registrar (Actg.)

Ref. No. WBUAFS/Estb./GMI/

Date:

Notification

In pursuance of the resolution adopted by the Executive Council at its 110th meeting and the subsequent recommendations of the Committee constituted for the introduction of the Group Medical Insurance (GMI) Scheme for permanent non-teaching employees, the University hereby introduces the GMI Scheme with an insurance coverage of ₹3.00 lakh per family per annum.

Cholamandalam MS General Insurance Company Limited has been selected through the e-tender process to provide Group Medical Insurance coverage to the permanent non-teaching employees of the University. Permanent non-teaching employees opting for the GMI Scheme shall mandatorily forego the monthly medical allowance. The full premium amount under the GMI Scheme shall be borne by the University.

The proposed insurance coverage shall extend only to the willing employee, his/her spouse, and up to two dependent children. Coverage for parents of the employee is expressly excluded from the Scheme.

It is further notified that the existing medical reimbursement scheme for permanent non-teaching employees shall stand discontinued from the date of commencement of the GMI Scheme for all permanent non-teaching employees of the University, irrespective of whether they opt for the GMI Scheme or not.

Permanent non-teaching employees willing to avail themselves of the GMI Scheme are required to submit a fresh option in the prescribed format, along with complete details of the dependent family members proposed to be covered, duly supported by the requisite documents.

All willing non-teaching employees are requested to submit the duly filled-in option form to the office of the undersigned through their respective Controlling Officers/Heads of Departments within two weeks from the date of issue of this notification.

Format enclosed

Registrar (Actg.)

Ref. No. WBUAFS/Estb./GMI/462/1(8)

Date: 27/02/26

- 1) The Dean, Faculty of _____, WBUAFS with request to circulate among academic departments.
- 2) The DREF, WBUAFS
- 3) The Dean Students Welfare, WBUAFS
- 4) The Finance Officer, WBUAFS
- 5) The Controller of Examinations, WBUAFS
- 6) In-Charge, Central Library, WBUAFS with request to put up in the website
- 7) In-Charge, Vice-Chancellor's Secretariat, WBUAFS
- 8) Office copy

Registrar (Actg.)

**GENERAL INFORMATION OF THE PERMANENT NON-TEACHING EMPLOYEE
FOR GROUP MEDICAL INSURANCE**

(Please refer to Notification no. WBUAFS/Estb./GMI/ , dated)

Name of the Permanent Non-teaching Employee			
Gender			
Designation & Name of the Department/Section			
Date of Birth (DD/MM/YY)			
Permanent Address			
Are you willing to avail proposed Group Medical Insurance Scheme (insurance coverage of ₹3.00 lakh per annum per family- self, spouse, and up to two dependent children)	Yes / No		
Details of Dependent Members (Please attach supporting documents)			
	Name	Gender	Date of Birth (DD/MM/YY)
Spouse			
Dependent Child No. 1			
Dependent Child No. 2			

Undertaking / Declaration

1. That, as I am opting for the Group Medical Insurance (GMI) Scheme, I hereby undertake to mandatorily forgo the monthly medical allowance. I further accord my consent to the University to deduct the said medical allowance from my salary and credit the same to the University's own fund. I understand that the entire premium amount under the GMI Scheme shall be borne by the University.
2. That, I understand and acknowledge that the insurance coverage under the GMI Scheme shall be applicable only to myself, my spouse, and up to two dependent children, and that my parents shall not be covered under the Scheme.
3. That, I further understand that the existing University medical reimbursement scheme applicable to permanent non-teaching employees shall stand discontinued with effect from the date of commencement of the GMI Scheme, irrespective of whether I opt for the GMI Scheme or not.
4. That, I hereby express my willingness to enroll myself along with my eligible dependent family members under the Group Medical Insurance Scheme and declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Date:

(Signature of the Employee)

Forwarded by: