THE GAUHATI HIGH COURT AT GUWAHATI

(HIGH COURT OF ASSAM, NAGALAND, MIZORAM AND ARUNACHAL PRADESH)

NOTICE Dated Guwahati, the June, 2020

As desired by his Lordship, Hon'ble the Chief Justice, Gauhati High Court, the Registry has initiated the process for implementation of the Group Medical Insurance Scheme for the employees of the Gauhati High Court (Principal Seat). The employees of this Registry can avail the following facilities under the aforesaid scheme:

- 1. Insurance coverage against medical expenses for self and dependent family members.
- 2. Cashless Claim Benefit from day 1 (one) itself and Maternity Benefit.
- 3. Coverage against critical illness.
- 4. Lesser premium amount compared to individual medical insurance policies.
- 5. Tax benefits under section 80D (of the Income Tax Act).

All interested employees of this Registry are hereby requested to express their willingness to be covered under the Group Medical Insurance Scheme by filling up the form attached herewith. The duly filled-up forms should reach the Correspondence Section on or before 15th July, 2020.

By Order,

Sd/- Raktim Duarah

REGISTRAR GENERAL

Memo No.HC.III-05/2020/ 1115 - 1129 /G, dated Guwahati the 4^{n} June, 2020.

Copy to:

1)	The Registrar (), Gauhati High Court, Guwahati.
2)	The Registrar-cum-Principal Secretary to Hon'ble the Chief Justice, Gauhati High Court,
	Guwahati.
3)	The Joint Registrar (
4)	The Deputy Registrar, (), Gauhati High Court, Guwahati.
5)	The Asstt. Registrar, (), Gauhati High Court, Guwahati.
6)	The Librarian-cum-Research Officer, Gauhati High Court, Guwahati.
7)	The Special Officer, Translation Wing, Gauhati High Court, Guwahati.
8)	The Project Manager, Computer Section, Gauhati High Court, Guwahati. He is requested to
	upload this Notice in the website of the Gauhati High Court.
9)	The P.S. to Hon'ble Mr./Mrs. Justice Gauhati High Court,
	Guwahati.
	The Admn. Officer (J) (), Gauhati High Court, Guwahati.
11)	The Court Master, Court No, Gauhati High Court, Guwahati.
12)	The Court Officer, No.1 & 2, Gauhati High Court, Guwahati.

Name of the		Date of Birth:	Designation:	
Employee/ Proposer:		Blood Group :		
No. of the family	Sum Insured:		Buffer amount (if	
Member(s) to be			required):	
covered:		-		:
Additional Cover				
required (If any):				

								SI No.
								SI No. Name of the Family Member(s)
:								Date of Birth Gender
			:					Gender
:								Marital Status
						Employee/Proposer	the	Relationship with
							Benefit (If any)	Extension of Maternity

Field of Interest of the Employee:

(Not for Medical Insurance Purpose)