



ICAR-CENTRAL RESEARCH INSTITUTE FOR JUTE & ALLIED FIBRES  
(Indian Council of Agricultural Research)  
(भारतीय कृषि अनुसंधान परिषद)

NILGANJ : BARRACKPORE: KOLKATA-700121 : WEST BENGAL

नीलगंज, बैरकपुर, कोलकाता-700 121, पश्चिम बंगाल

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F.No.: 2-1/Adm-II/Misc./MedicalCard/2019-20/(e-54311)

Date:18.05.2022

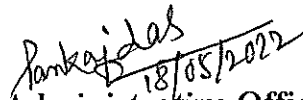
**CIRCULAR**

It is brought to the notice of all concerned that the Medical Identity Cards issued by ICAR-CRIJAF, Barrackpore will be due for renewal on 01.06.2022. Hence all the employees and pensioners (Medical Identity Card holders) of ICAR-CRIJAF, Barrackpore including its Research Stations and KVKs are hereby informed that, they may visit office(s) as per following details for renewal of their Medical Identity Card up to 31.05.2023 subject to submitting an Undertaking in this regard (copy attached).

The card will be renewed by the following officers/officials of ICAR-CRIJAF:

Sl. No.	Attestation Authority for renewal	Place
1.	AAO, Admn.II, ICAR-CRIJAF, Bkp.	ICAR-CRIJAF, Bkp., West Bengal
2.	In-charge, RRS, Sorbhog	Sorbhog, Assam
3.	In-charge, Sunnhemp Research Station, Pratapgarh	Pratapgarh, U.P.
4.	In-charge, Sisal Research Station, Bamra	Bamra, Odisha
5.	In-charge, CSRSJAF, Bud Bud, Burdwan	Bud Bud, Burdwan, West Bengal

If there is any change in status beneficiaries are needed to apply afresh for Medical Identity Card at ICAR-CRIJAF, Barrackpore.

  
Assistant Administrative Officer,  
Admn.II

Copy to:

1. All Head/In-charge of Divisions/Sections/Units of ICAR-CRIJAF including RSs/KVKs.
2. The In-charge AKMU with request to upload the circular in the Institute's website.
3. P.S to the Director, ICAR-CRIJAF.
4. P.A to Head of Office, ICAR-CRIJAF.

**UNDERTAKING**

I hereby undertake that each of the dependent shown in my medical card continue to be dependent on me and there is no change in their status virtue of age/job/marriage etc.

I hereby further undertake and its my responsibility that I shall immediately inform the Office to remove the name of any of my dependent(s), if he/she no longer remain so because of age/marriage/income etc.

Signature .....

Name.....

Designation.....

Date:

Place: