

APPLICATION FORM FOR ADDITION / DELETION

1. NO. OF CGHS IDENTITY CARD
2. NAME OF THE GOVT. SERVANT
3. MINISTRY/OFFICE IN WHICH WORKING -
4. NEW ADDITION/DELETION

Sl.no.	Name	Date of Birth	Relation

5. SIGNATURE OF GOVT. SERVANT / :
THUMB IMPRESSION.

Date: _____ Section/Branch
Intercom/Telephone .No
E-Mail

6. SIGNATURE AND DESIGNATION OF :
_____ ISSUING AUTHORITY / SEAL

7. SIGNATURE OF MEDICAL OFFICER

Note : Form must be filled in triplicate along with the photographs and submit to Administration-I