

CGHS Card No while in service : \_\_\_\_\_

**APPLICATION FOR CGHS CARD FOR PENSIONERS OF CENTRAL GOVERNMENT**

1. Name of the Applicant : \_\_\_\_\_
2. Category Pensioners Others (Pl. Specify)
3. Name of Department/Service from where retired \_\_\_\_\_
4. Last Pay \_\_\_\_\_ Basic Pension : \_\_\_\_\_  
(in case of Pensioners)
5. Residential Address: \_\_\_\_\_  
\_\_\_\_\_
6. Telephone Number: (R) \_\_\_\_\_ (M) \_\_\_\_\_
7. e-mail ID \_\_\_\_\_
8. Date of Superannuation : --/--/---- Year  
Date Month
9. Details of Family

(\*Please see definition of Family before filling up this column)

S.No.	Name of Family Member	Name in Hindi	Relationship to CGHS Card Holder	Date of Birth (Compulsory)	Blood Group (Optional)

(Please attach Proof of age of Persons mentioned above)  
 10. Are all the persons whose names are given above are dependent upon you and are residing with you? Yes/No  
 (Please attach proof of their staying with you, like copy of Ration Card/Election ID/ Pass Port/Identity Card issued by College/School/University/Bank Pass Book, etc.)

11. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below:-

S.No. _____ Name	S.No. _____ Name	S.No. _____ Name	S.No. _____ Name
S.No. _____ Name	S.No. _____ Name	S.No. _____ Name	S.No. _____ Name

I Undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the CGHS Card (s) on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

Encl: Proof of Residence/Stay of dependents  
 Proof of age of son/Disability certificate  
 Surrender Certificate of CGHS Card while in service  
 Attested copies of PPO & Last Pay Certificate

DD bearing No..... dated ..... Drawn on Bank ..... Branch  
 ...../Postal Order No..... for Rs.....

Signature of Applicant

To  
 The Additional Director, CGHS(HQ), 9, Bikaner House Hutments, Shahjahan Road, New Delhi.

( to be filled by CGHS)

Verified – by Authorized Signatory, CGHS (HQ) valid upto ...../...../...../for Rest of Life

CGHS Dispensary Allotted .....

Entitlement : General Ward/ Semi-Private Ward/ Private Ward

Revised

(To be issued by concerned SM (Admn) for pensioner)

Date: \_\_\_\_\_

TO WHOMSOEVER IT MAY CONCERN

Certificate regarding Receipt of Central Civil Pension  
from Govt. of India

This is to certify that after verifying the PPO issued by Office of Pr. Controller, Communication Accounts, Maharashtra (CCA) of Shri/Smt. \_\_\_\_\_, (spouse of Late \_\_\_\_\_ (applicable only for family pensioner), Staff No. \_\_\_\_\_ (as per PPO), Design \_\_\_\_\_ retired from MTNL on \_\_\_\_\_, GM Unit \_\_\_\_\_ and is in receipt of Central Civil Pension from Central Civil Estimates under 'Major Head – 2071' of Government of India (Pr. Controller, Communication Accounts, Maharashtra), vide PPO No. \_\_\_\_\_

He/she is not being paid any fixed monthly medical allowance through pension.

On issue of certificate for obtaining CGHS facility, MTNL shall not extend MTNL Medical facility (IPD & OPD) to the above retired employee.

This certificate is issued to him/her for availing CGHS facility.

Sr. Manager (Admn) \_\_\_\_\_  
MTNL, Mumbai.  
(Signature with Office Seal)

Copy to:  
Concerned DM (Cash/Works): For record purpose.