

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 PayBasic Pension :
(in case of Pensioners)

5. Residential Address:.....
.....

6. Telephone Number: (R) (M)

7. e-mail ID

8. Date of Superannuation: -- / -- / ----
Date Month Year

9. Details of Family

{* Please see definition of Family before filling up this column}

S.No.	Name of Family member	Name in Hindi	Relation ship to CGHS Card Holder*	Date of Birth# (Compulsory)	Blood Group (optional)
			Self		

{# Please attach Proof of age of Persons mentioned above}

10. Are all the persons whose names are given above are dependant 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	S.No.	S.No.....	S.No.....
Name	Name	Name	Name
S.No	S.No.	S.No.....	S.No.....
Name	Name	Name	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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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.....dateddrawn on BankBranch
...../ 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

Signature