

Application for CGHS Card

Applying for New CGHS Card - In case of new Pensioner's Card- CGHS card No. While in service

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Applying for New Card to replace existing CGHS Card No.

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1. Name of the applicant: _____

2. Category Departmental Service Pensioner Other (Pl specify)
(Please Tick✓ Departmental if you are posted in the Ministry of Health & Family Welfare/DGHS/CGHS)
(Please Tick✓ Service if you belong to any specific organized service)

3. Name of Department/Service _____

4. Designation _____ Gazetted Non-Gazetted

5. Scale of Pay _____ Present Pay _____
(Present pay pre-revised Rs. _____)

6. Last Pay/basic Pension (in case of Pensioners): _____

7. Official address : _____

8. Residential address : _____

9. Telephone Number: (O) _____ ® _____
(M) _____

10. E-mail ID _____

11. Date of Superannuation: Date _____ Month _____ Year _____

12. Are you on Deputation (Central Deputation) Yes / No

13. If yes, likely period of completion of Deputation _____

14. Are your service transferable to other Cities: Yes / No

15. Details of Family (* Please see definition of Family before filling up this column)

Sl. No.	Name of Family Member	Relationship to CGHS Card Holder	Date of Birth (compulsory)	Blood Group
1.				
2.				
3.				
4.				
5.				

(# please attach Proof of age in case of sons)

16. 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/Passport/Identity Card issued by School/College/University/ Bank Pass Book etc.)

17. 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.

Sl.no _____

sl.no _____

sl.no _____

sl.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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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 Cards on my leaving the Ministry / Office on transfer / retirement / termination / Resignation or on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been certified 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.

Signature of Applicant.

The Following Documents are to be enclosed:

(i) Proof of Residence / Stay of Dependents {copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University /Bank Pass Book, etc.,}

(ii) Proof of age of son / Disability Certificate

(iii) Attested copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)

(iv) Surrender Certificate of CGHS Card while in service.

(v) Attested copies of PPO / Last Pay Certificate.

(vi) Contribution by Pensioners should be made by Bank Draft for Rs. _____ payable in Bangalore in favour of Additional Director, CGHS, Bangalore from Nationalised Bank.

(vii) Pension Certificate from pension drawing authority indicating one month pension Details and whether the pensioner is drawing the medical allowance or not.

(viii) Card issuing upto 1.00 p.m. only.

(To be filled by the Sponsoring Authority)

The information furnished by the applicant has been verified and found to be correct. It is recommended that a CGHS Card be issued to Shri. / Smt. / Kumari _____, Designation _____ in this Ministry / Department / Organization. Instructions are issued to the concerned Division to start deducting CGHS Subscription every month from the salary of the applicant / CGHS Subscriptions are deducted every month from the salary of the applicant. I am authorized sponsoring authority for the issue of CGHS Cards and approval of the competent authority has been obtained.

No.

Signature & Name of the Sponsoring Authority

Date:

Designation (Stamp) with Tel. Number

Verified – by Authorized Signatory, CGHS (HQ)

Signature with stamp (For CGHS pensioners making card First Time)

To

Chief Medical Officer i/c, CGHS Dispensary