

**ADDTION / DELETION TO FAMILY (CGHS)
(IN DUPLICATE)**

1. No. of the Identify Card.:

2. Name of the Govt. Servant:

3. Office / Department:

4. New Addition / Deletion :

Name	Date of Birth	Relationship	Identification marks
1.			
2.			
3.			
4.			
5.			

Signature of Govt. Servant/Pensioner:

Date:

Remarks:

Signature and designation of Issuing Authority:

Signature of Medical Officer I/C of the Dispensary: