## APPLICATION FOR CGHS CARD FOR SERVING EMPLOYEES OF CENTRAL GOVERNMENT

1. Nam	e of the Applicant:				
2. Cate	gory Departmental	Services			
	e Tick Departmental if you are post e Tick Services if you belong to any			DGHS / CGHS }	
3. Nam	e of Department				
	e of the Servicecase of All India / Central Services				
5. Desi	gnation	Gaz	zetted Non-Ga	zetted	
	Band rving Employees)	Present Pay	Grade I	Pay	
7. Offic	ial Address :				
8. Resid	dential Address:				
9. Tele	phone Number: ( O )	(R)	(M)		
10. e-n	nail ID				
11. Dat	e of Superannuation:	// Date Month	– – Year		
12. Are	you on Deputation (Central Deput		i eai		
13. If y	es, likely date completion of Depu	tation			
14. Are	your services transferable to other	cities: Yes / No			
	ails of Family se see definition of Family before f	illing 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	(compared )	(optional)
C // DI	and all all Donald of a second				

16. Are all the persons whose names are given above are dependant upon you and are residing with you?

Yes / No

 $\label{lem:copy} \mbox{Please attach proof of their staying with you , like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc., }$ 

<sup>{#</sup> Please attach Proof of age of Persons mentioned above}

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

17. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be

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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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 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 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

included as part of your family in the space given below.

Signature of Applicant.