

16. 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., }

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.

S.No	S.No.	S.No.....	S.No.....	S.No.....
S.No	S.No.	S.No.....	S.No.....	S.No.....

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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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
Surrender Certificate of CGHS Card while in service
Attested copies of PPO & Lasr Pay Certificate**

Signature of Applicant.

(TO BE FILLED BY THE SPONSORING AUTHORITY)

The information furnished by the applicant has been verified and found to be correct. It is recommend 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 Subscriptions 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 Card and approval of the Competent authority has been obtained.

No.
Date

Signature & Name of
the Sponsoring Authority

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 No.