

**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 retiring / retired: .....

4. Pay and the Pay Band: \_\_\_\_\_ Grade Pay: \_\_\_\_\_

Likely Pension: \_\_\_\_\_ per month

5. Residential Address: .....

6. Telephone Number: ( R ) \_\_\_\_\_ ( M ) \_\_\_\_\_

7. e-mail ID .....

8. Date of Superannuation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year  
Date Month Year

9. Details of Family

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

| S.No. | Name of Family member | Relation ship to CGHS Card Holder* | Date of Birth# (Compulsory) | Blood Group (optional) | Ben. ID No. if plastic card issued while in service |
|-------|-----------------------|------------------------------------|-----------------------------|------------------------|---|
| 1     |                       | Self                               |                             |                        |   |
| 2     |                       |                                    |                             |                        |   |
| 3     |                       |                                    |                             |                        |   |
| 4     |                       |                                    |                             |                        |   |
| 5     |                       |                                    |                             |                        |   |

{# Please attach Proof of age of Persons, except for spouse, 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 valid 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., (issued within the last six months)]

11. Paste one stamp size of Photograph of each member of Family (including self) whose names are proposed to be included (in the same sequence as mentioned in Col. 9 above) as part of your family in the space given below.

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
|             |             |             |             |             |
| S. No. Name | S. No. Name | S. No. Name | S. No. Name | S. No. 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 / 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.

DD bearing No.....dated .....drawn on Bank  
.....Branch ...../ Postal Order No.  
..... for Rs.....(Rupees only).

Signature of Applicant.

**(TO BE FILLED BY THE SPONSORING AUTHORITY )**

The information furnished by the applicant has been verified and found to be correct. The applicant and his / her family members are entitled to avail CGHS facility after retirement.

Shri/Smt/Kumari....., Designation.....  
in this Ministry / Department / Organisation. It is recommended that Pensioner CGHS Card be issued to Shri /Smt. /Kumari ..... I am authorised sponsoring authority in the matter and approval of the Competent authority has been obtained.

No.  
Date

Signature & Name of the Sponsoring Authority  
Designation (stamp) with Tel. No.

To

The Additional Director, CGHS(HQ), 9, Bikaner House Hutments, Shahjahan Road, New Delhi

The Additional Director / Joint Director of

(Name of the CGHS city to be entered)

**( TO BE FILLED BY CGHS )**

Verified – by Authorized Signatory, CGHS valid upto...../...../..... / for Rest of Life

CGHS Dispensary Allotted .....

Entitlement : General Ward / Semi-Private Ward / Private Ward in private empanelled hospitals  
Entitled / Not entitled to Nursing Home Facility in Government hospitals.

Signature