

APPLICATION FOR CGHS CARD PENSIONERS OF CENTRAL GOVERNMENT

1. Name of the Applicant :
2. Category Pensioners Others (Pl. Specify)
3. Name of Department / Service from where retired
4. Last Pay : (i) Pay in Pay Band Grade Pay / Level Pay
Ward Entitlement (ii) **General** / **Semi Pvt. Ward** / **Pvt. Ward**
5. Residential Address :
6. Telephone Number : (O) (R) (M)
7. E-mail ID :
8. Date of Superannuation : / /
Date Month Year

9. Details of Family

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

S.No.	Name of Family Member	Relationship to CGHS Card Holder*	Date of Birth# (Compulsory) (dd/mm/yy)	Blood Group (Optional)
1.		Self		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

(* Please attach Proof of age of Persons mentioned above)

10. Are all the persons whose names are given above are dependent upon you and are residing with you ? Yes/No
{Please attach proof their staying with you, like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc.)

(P.T.O.)

11. Paste 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. 1 Name		S.No. 2 Name		S.No. 3 Name		S.No. 4 Name	
S.No. 5 Name		S.No. 6 Name		S.No. 7 Name		S.No. 8 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form, If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and or appropriate authority will be free to initiate any action against me.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) or 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. 1. Proof of Residence/Stay of dependents**
2. Proof of age of son/Disability Certificate.
3. Surrender Certificate of CGHS Card while in service
4. Attested copies of PPO & Last Pay Certificate

**P.A.O. (CGHS)
New Delhi**

Payment should be made by **Bank Draft of Nationalized Banks** which should be payable in favour of "PAY & ACCOUNT OFFICER CGHS, NEW DELHI"

DD bearing No. dated..... drawn on Bank.....
 Branch...../ Postal Order No. for Rs.

Signature of Applicant

To

The Additional Director, CGHS (HQ) Sector-12, R.K. Puram, New Delhi-110066.

Verified by Authorized Signatory, CGHS (HQ) valid upto...../...../..... for Rest of Life CGHS Dispensary No.

Signature of Dealing Assistant

ACKNOWLEDGEMENT RECEIPT (To be filled by Beneficiary)

Received from Shri/Smt. Demand Draft No. dated
 Drawn on Bank..... Branch..... For Rs. in words
 for issuing CGHS PENSIONER CARD

Dated :-

Signature of Dealing Assistant
Rubber Stamp