

10. Are all the persons whose names are given above are dependent 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/Passport/Identify Card issued by College/School/University/Bank Pass Book, etc., (issued within the last six months)]

11. Paste one stamp size 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.

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 If I fail to intimate and if the CGHS comes to know of the change, then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and/or appropriate authority will be free to initiate any action against me.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

D.D 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 _____ was employed in this Ministry/Department/Organisation. It is _____ recommended that Pensioner CGHS Card be issued to Shri. /Smt./Kumari _____. I am authorized sponsoring authority in the matter and approval of the competent authority has been obtained.

No.

Date

Signature and Name of the Sponsoring Authority

Designation (Stamp) with Tel no.

To

The Additional Director, CGHS (HQ), 9, Bikaner House Hutments, Shahajahan 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 Card valid up to ____/____/____/ 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