

APPLICATION FOR ADMISSION TO CGHS (PENSIONERS)

To

The Additional Director,
Central Govt. Health Scheme.

Dear Sir,

I along with the members of the family whose particulars are given at the Sl.No.5 may please be admitted to CGHS on payment of subscription on the basis of last PAY DRAWN/PENSION/FAMILY PENSION*. My particulars are as under:

1. Name of the Head of family:_____
2. Residential Address: _____

3. In the case the applicant is a Pensioner,
 - (a) Date of retirement:_____
 - (b) Ministry/Dept./Office:_____
 - (c) Gross pension, if fixed:_____
 - (d) P.P.O No. _____
4. In the case the applicant is Family Pensioner:
 - (a) Name of the diseases Govt. Servant:_____
 - (b) Date of Death of the deceased Govt. Servant :_____
 - (c) Ministry/Dept./Office: _____
 - (d) Post held at the time of retirement:_____
 - (e) Pay last drawn at the time of retirement: _____
 - (f) Relation of the applicant with the deceased Govt. Servant:_____
 - (g) Amount of family pension: at the enhanced rate:_____
 - (Please also specify the date upto which enhanced family pension is admissible):_____
 - (h) F.P.P.O No. _____

5. Details of family according to the term family

Sl.No.	Name	Age	Date of Birth	Relationship
1.				
2.				
3.				
4.				
5.				

I declare that:

- i) I will abide by the Rules and Regulations and Modifications of the services which may be issued from time to time.
- ii) *I will deposit my contribution on six monthly/yearly installments.
- iii) *I wish to avail of CGHS facilities on the basis of last pay drawn/Pension.
- iv) *I have not applied for CGHS card previously/ I have surrendered my CGHS identity Card issued to me from my Office while in service and the payment of contribution has been made upto the date of surrender of Card.
- v) I hereby undertake to surrender CGHS Card being issued to me if not required, in the Dispensary concerned. In case the Card is not surrendered before the expiry of validity period and Card is retained by me, even if no facility is availed by me, I undertake to pay the CGHS contribution for the intervening period.

- Strike off * Not applicable*

Place:

Date:

Signature of Applicant

AFFIDAVIT

(To be attested by a Notary Public or Gazetted Officer)

I _____ solemnly affirm that I am, and my dependants whose names are given below, are residing in _____ (place) and my address is _____

Sl. NO.	Name of the Govt. servant and also dependants	Age	Date of Birth	Relationship

Place:

Signature of Applicant

Date:

Attested by

Signature with name and Office Seal