



12. Are you on Deputation (Central Deputation) Yes/No
13. If Yes, likely date completion of Deputation .....
14. Are your services transferable to other cities : Yes/No
15. 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			Blood Group (Optional)
01.		SELF				

(Please attach proof of age of persons mentioned above)

16. Are all the persons whose names are given above are dependent 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/Indent 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..... Name.....	S.No..... Name.....	S.No..... Name.....	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 critter - is 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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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 / Dependent brother.  
Disability certificate ,if age of son is above 25 years.

Signature of Applicant.

( TO BE FILLED BY THE SPONSORING AUTHORITY OF SERVING EMPLOYEES OF AUTONOUS BODY)

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 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

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

Verified – by Authorized Signatory, CGHS (HQ)  
CGHS Wellness center (a.k.a. Dispensary) Allotted

.....Entitlement  
\*(to be filled by CGHS)

(Signature with Stamp)

**APPLICATION FOR NEW CARD FOR SERVING EMPLOYEES OF  
CENTRAL GOVERNMENT**

1.Name of the Applicant : .....FORCE NO.....

2.Category Departmental  Services

{please Tick Departmental if you are posted in the Ministry of Health & Family Welfare /DGHS/CGHS }

{Please Tick Services if you belong to any specific organized service}

3.Name of Department :

.....  
.....

4.Name of the Service :

\_\_\_\_\_ (In case of All India /Central services – IAS/IPS, Etc.)

5.Designation ..... Gazette  Non – Gazette

6.Pay Band .....Present Pay .....

Grade Pay .....  
(for serving employees)

7.Official Address :

.....  
.....

8. Residential Address :

.....  
.....

9.Telephone Number : (O) (R) (M)

10.E-mail ID : \_\_\_\_\_

11.Date of Superannuation : -----/-----/-----  
Date Month Year

12. Are you on Deputation (Central Deputation) Yes/No

13. If Yes, likely date completion of Deputation .....

14. Are your services transferable to other cities : Yes/No

15. 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	Blood Group (Optional)
01.		SELF		

(please attach proof of age of persons mentioned above )

16. Are all the persons whose names are given above are dependent 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/Indent 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..... Name.....	S.No..... Name.....	S.No..... Name.....	S.No..... Name.....
S.No..... Name.....	S.No..... Name.....	S.No..... Name.....	S.No..... Name.....

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Encl:- Proof of Residence / Stay of dependents proof of age of son / Dependent brother .  
Disability certificate ,if age of son is above 25 years.

Signature of Applicant.

( TO BE FILLED BY THE SPONSORING AUTHORITY OF SERVING EMPLOYEES OF  
AUTONOUS BODY)

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  
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.....Entitlement

\*(to be filled by CGHS)

(Signature with Stamp)