

APPLICATION FOR NEW CGHS CARD
SERVING EMPLOYEES OF CENTRAL GOVERNMENT

1. Name of the Applicant: CISF 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

(for serving employees)

7. Official Address:

**OFFICE OF THE DIG, CISF UNIT DMRC, SHASTRI PARK,
NEAR IT PARK, BEHIND BASTI PETROL PUMP, NEW DELHI - 110053**

8. Residential Address :

.....
.....
.....

9. Telephone Number : (O) (R) (Mb N.)

10. E-mail ID : _____

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

12. Are you on Deputation (Central Deputation) --No--

13. If Yes, likely date completion of Deputation -- No--

14. Are your services transferable to other cities : --Yes--

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.				
02.				
03.				
04.				
05.				
06.				

(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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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 PCard (s) on my leaving the Ministry /Office on Transfer retirement, term ination, 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.

Enel:- 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), R.K.Puram
Sector -13, New Delhi-110022
Verified – by Authorized Signatory, CGHS (HQ)
CGHS Wellness center (a.k.a. Dispensary) Allotted

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

(Signature with Stamp)

CENTRAL GOVERNMENT HEALTH SCHEME
Application Form for Renewal of CGHS card (Serving Employees)

- | | |
|---|----------------|
| 1. Name of the applicant | CGHS Card No.: |
| 2. Name of the Department/Office | |
| 3. Pay Band: Pay in Pay band (excluding Grade pay): | Grade Pay: |
| 4. Designation: Ward Entitlement : | Contact No. : |
| 5. Residential Address | Email ID : |
| 6. Details of Family:- | |

Photo				
Name				
Relationship				
D.O.B				
Beneficiary ID				
Photo				
Name				
Relationship				
D.O.B				
Beneficiary ID				

DECLARATION

I hereby declare that the statements made above are true and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Dated:

Signature of CGHS card holder

.....
FOR OFFICIAL USE

The information furnished by the applicant has been verified and found to be correct and CGHS subscriptions are being deducted every month from the salary of the applicant.

Name of the Sponsoring authority /office
Tel No.

Signature (with seal)
Dated:

IMPORTANT

- i) Self attested photocopy of old CGHS cards should be attached with the application form.
- ii) Definition of family under CGHS should be referred to prior to filling the details of family.
- iii) For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
- iv) A copy of the current pay slip, and address proof of residence / affidavit (in case of change in address) should be attached.

CENTRAL MEDICAL BILLS

Form of Application for claiming refund of Medical Expenses incurred

In connection with Medical Attendant and/or Treatment of Central Govt. servant and their Families.

1. Name and Designation of the Government Servant CISF No Rank.....
Name.....
2. Pay of the Govt. Servant as defined in the B.P.Rs...../- G.Pay Rs...../-
Fundamental Rules and other emoluments P.M.
which should be shown Separately.
3. Office in which employed : CISF Unit
4. Actual residential address.....
5. Place of duty.....
Govt. Servant (NB in case of children State age also)
6. Name of the patient and his/her relationship to the
7. Place at which the patient fell ill.....
8. Telephone/Mobile No :

--	--	--	--	--	--	--	--	--	--
9. Details of the Amount
 - (i) Medical Attendant Fees for consultation indicating
 - (a) The name & designation of the Medical Officer Dr.....
consulted and the hospital or dispensary to which
attached
 - (b) The number and dates of consultation & the fee Total Rs.....
paid for each consultation & subsequent
consultation
 - (c) The number and date of injection and fees for each Total Rs.....
injection
 - (d) Whether consultation and/or the Injection where Total Rs.....
had at the hospital at the consulting room of the
Medical Officer or at the residence of patient
 - (ii) Cost of medicines purchased from the market (List of the Rs.....
medicine cash memo the essentiality Certificate should
be attached)
 - (a) Essentiality Certificate with its true copy.
 - (b)cash memos no.....
dated.....
10. Total amount claimed
11. List of enclosures.....

I hereby declare that statements in this application are true and correct to be best of my knowledge and belief and that the person for medical expenses are incurred is wholly depend upon me.

Dated _____

SIGNATURE

Signature of the Govt Servant and Office to which attached
Declaration to be signed by the Government Servant

FORM OF APPLICATIONS FOR MEDICAL CLAIMS
MED.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorised Medical Attendant and a Hospital

1.	Name and designation of Government servant (in block letters)	:
	i) Whether married or unmarried :	:
	ii) If married, the place where wife/husband is Employed	:
2.	Office in which employed	:
3.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately	:
4.	Place of duty	:
5.	Actual residential address	:
6.	Name of the patient and his/her relationship to the Government servant. N.B. - In the case of children state age also	:
7.	Place at which the patient fell ill	:
8.	Details of the amount claimed	:
I. Medical Attendance -		
i) Fees for consultation indicating -		
a)	The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached	:
b)	The number and dates of consultation and the fee paid for each consultation.	:
c)	The number and dates of injection and the fee paid for each injection.	:
d)	Whether consultations and/or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.	:
ii) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating-		
a)	The name of the hospital or laboratory where undertaken; and	:
b)	Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.	:
iii) Cost of medicines purchased from the market (Cash memos and the essentiality certificate should be attached).		
II Hospital Treatment.		
Name of the hospital		
Charges for hospital treatment, indicating separately the charges for -		
i)	Accommodation (State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available)	:
ii)	Diet	:
iii)	Surgical operation or medical treatment or confinement.	:
iv)	Pathological, bacteriological, radiological or other similar tests indicating -	:
a)	The name of the hospital or laboratory at which undertaken, and	:
b)	Whether undertaken on the advice of the : medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.	:
v)	Medicines.	:
vi)	Special medicines (Cash memos and the essentiality certificates should be attached)	:
vii)	Ordinary nursing	:
viii)	Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. Servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.	:
ix)	Ambulance charges (State the journey - to and from- undertaken)	:
NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.		
NOTE 2. - If the treatment was received at a hospital other than a Govt. hospital, necessary details and the		

certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.

III. Consultation with Specialist - Fees paid to a specialist or a Medical Officer other than the authorized medical attendant, indicating - a) The name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. b) Number and dates of consultations and the fees charged for each consultation. c) wherever consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patient, and d) Whether the Specialist or Medical Officer was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.		:
9.	Total amount claimed	:
10.	Less advance taken on	:
11.	List of enclosure	:

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Dated.....

Signature of the Government servant
and Office to which attached.

ESSENTIALITY CERTIFICATE
CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss..... Wife/ Son/ Daughter of
MR/MRS/MISS employed in the

I, Dr. hereby certify:-

- (a) that I charged and received Rs. for consultations on (dates to be given) at my consulting room/ at the residence of the patient;
- (b) that I charged and received Rs..... for administering intra-venous/intra-muscular/subcutaneous injections on.....(dates to be given) at..... my consulting Room/the residence of the patient;
- (c) that the injections administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at hospital/ my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

	<u>Name of Medicines</u>	<u>Price</u>
1.
2.
3.
4.

- (e) that the patient is/was suffering from and is/was under my treatment from to
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray laboratory test, etc., for which an expenditure of Rs. was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. for SPECIALIST consultation and that the necessary approval of the (Name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

*Signature of AMA/Designation of the Medical officer and
hospital/ dispensary to which attached.*

Dated:-----

N.B.: -certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.

ESSENTIALITY CERTIFICATE

CERTIFICATE-B

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss wife /son/daughter of Mr./ Mrs./ Miss employed

PART-A

I, Dr. hereby certify :-

- (a) that the patient was admitted to hospital on the advice of (name of the medical officer)/on my advice;
- (b) that the patient has been under treatment at and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES	PRICE
1.
2.
3.
4.
5.

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (d) that the patient is/was suffering from and is/was under treatment from to
- (e) that the X-ray, laboratory test etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory);
- (f) that I called on Dr. for specialist consultation and that the necessary approval of the (name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the
Medical Officer-in-charge of the case at the hospital.

PART B

certify that the patient has been under treatment at the hospital and that the service of the special nurses for which an expenditure of Rs..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge
of the case at the hospital.

COUNTERSIGNED

* I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place
.....
Medical Superintendent
.....Hospital

NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.

DECLARATION BY THE OFFICIAL TO BE EXAMINED FOR SHAPE CATEGORISATION

1.	Were you examined for any major ailment or hospitalized during last one year?	
2.	Are you a patient of:-	
	Hypertension (High Blood Pressure)	
	Ischemic heart disease?	
	Diabetes Mellitus?	
	Chronic cough/ Br. Asthma/COPD?	
	Epilepsy (Fits)	
	Persistent headache	
	Mental instability?	
3.	Have suffered from Giddiness at any time ?	
4.	Have you suffered from Chest Pain/Palpitation	
5.	Did you ever suffered from Tuberculosis?	
6.	Your (A) Appetite	
	(B) Sleep	
7.	Smoking habit (If yes, No. of cigarettes per day)	
8.	Alcohol intake (If yes, average quantity per day)	
9.	Any accident/injury/major surgery undergone so far?	
10.	Have you been transferred recently or under order of transfer? If so your	
	a) Previous unit	
	b) New unit	

It is further certified that the above facts stated by me are true to my best knowledge and belief. I have not suppressed any fact concerning my health condition ever in past and as is at present.

Place : _____
Date : _____

Signature : _____
Name : _____
Rank : _____
IRLA/Force No. _____
Designation : _____
Unit : _____

APPENDIX- "C"

MEDICAL EXAMINATION PROFORMA FOR OFFICERS AND MEN IN C.P.M.F.
(Issued vide MHA U.O. No. 1.45024/3/2004-Pers-II dated 31-07-2007)

1. No. _____ Rank _____ Name _____
2. IRLA/Force No. : _____ Date of M/examination : _____
3. Age : _____ 4. Sex : M/F
5. Height (Cms) : _____ Cms. 6. Weight (Kg) : _____ Kg. 7. Chest (Not for ladies)
Body mass Index : - On expiration : _____ Cms. On full inspiration : _____ Cms
8. Abdominal girth : _____ 9. Trans-trochanteric girth : _____ 10. Ratio (8/9) : _____

S : **PSYCHOLOGICAL ASSESSMENT AS LAID DOWN**

- i) Any past history of psychiatric illness, if so details : _____
ii) Any history of breakdown/outburst or taking wrong : _____
decisions, Indecisiveness leading to public reaction
or castigation of civil authority.
iii) History of any alcoholic/drug abuse : _____
iv) History of Head injury/infective/metabolic en- cephalopathy.
v) Objective Psychometric scale if any applied and _____ result there of .

CATEGORISATION : **S-1 / S-2 / S-3 / S-4 / S-5 /**

H : **HEARING :**

- i) Normal in both ears. v) Auroscopy : _____
ii) Moderate defect in one ear. vi) Rennie's Test : _____
iii) Partial defect in both ears. vii) Weber's Test : _____
iv) Any other combinations. viii) Audiometry (if indicated)

CATEGORISATION : **H-1 / H-2 / H-3**

A : **APPENDAGES :**

- i) Upper Limb
ii) Lower Limb
iii) Any loss/ infirmity in any joint or part must be indicated in details :

CATEGORISATION : **A-1(U), A-2(U), A-3(U)**
A-1(L), A-2(L), A-3(L)

P : **PHYSICAL :**

General examination :

Distance covered in 12 minutes run/walk (meters) : _____

Body built	: _____	BP (mmHg)	: _____
Tongue	: _____	Pulse/mt.	: _____
Anaemia	: _____	Temp (C)	: _____
Cyanosis	: _____		
Icterus	: _____	Respiration	: _____
Oedema	: _____		
Clubbing	: _____		
Koilonychia	: _____		

Lymph glands palpable : _____ Tonsils : _____
 JVP : _____ Teeth/Denture : _____
 Thyroid : _____ Throat : _____
 Spleen : _____ Liver : _____
 C.V.S : _____ E.C.G. (Required- : _____ (after age of 45 years)
 S1 : _____ Blood Sugar (If app- : _____ licable)
 S2 : _____ Urine exam (in all- : _____ Cases)
 Hb % (in all cases) : _____

Murmur if any : _____

R-System : Any deformity of chest : Percussion :
 Breath sounds Adventitious sounds

C.N.S.Higher functions : Memory (Recent & Remote)
 Intelligence
 Personality
 Orientation (time, place & person)Cranial
 Nerves

Meningeal Sign if any -

Motor System Nutrition of muscles Wasting
 Tone
 Coordination
 Abnormal movement/fasciculation
 Power
 DTR
 Plantar- Abdominal & Cremasteric refl-
 Cerebellar Sign Gower's Sign
 Sensory System -
 Romberg's sign - SLR Finger - Toe

Reflexes -
Test

Skull & Bone : _____
 Abdomen: General Any mass palpable any other abnormality
 Piles/Fissure - Fistula - Prolapse rectum

INVESTIGATION :

1. Hb% : _____
2. Urine examination for all ages : _____
3. ECG after age of 45 years (Blood sugar if Applicable And for all above 45 yrs .)
4. Any other investigation as deemed necessary by examining Medical Board (i.e. X-Ray Chest , Lipid Profile, Glycosylated Hb etc .)

I Agree/Don't agree to undergo HIV test Signature

CATEGORISATION : P1 P2 P3
"E" Factor (Eye sight/vision)

Distant Vision
 Near Vision
 Colour Vision
 Field of Vision
 Any other Fathology
 IOL

CATEGORISATION : E1 E2 E3

FINAL CATEGORIZATION

**ADVICE/EMPLOYABILITY
RESTRICTION(S) IF ANY**

SIGNATURE OF INDIVIDUAL

(NAME OF MEDICAL OFFICER) /BOARD MEMBERS

DESIGNATION/UNIT

DECLARATION FOR BIRTH OF CHILDREN

I, No. _____, Rank _____ Name _____ Unit _____
hereby declare that my wife smt. _____ has given birth to a male/female children on
_____ at _____ (here
indicate the name of Hospital/Nursing home etc), the child has been named as
Master/Miss _____ Necessary entry in my service record be made
accordingly.

Signed at CISF Unit, _____, the _____ day of _____ (Month)
_____ (Year).

Signature of Govt. Servant

Two witness to signature

01.

02.

COUNTER SIGNED

FORM NO. (I)
SEE RULE – 53(1)

NOMINATION FOR DEATH CUM RETIREMENT GRATUITY

When the Govt. Servant has family and wishes to nominate one member or more than one member thereof.

I, _____ hereby nominated the person/persons mentioned below who is/are member's of my family and conferred on him/whom the right to received the extend specified below, any gratuity that may be sanctioned by the central Govt. in the event of my death while on service to received on my death, to the extent specified below, any gratuity which having become available to me on retirement may pertain unpaid at my death.

Name & Address of the Nominees	Relationship	Amount of Share payable to each	Age	Name, Address, Relationship & age of the person or of gratuity who the right conferred on the nominees shall payable in to the event of the nominee predeceasing the each Govt.Servant of the nominee drawing after death before receiving payment of gratuity
(1)	(2)	(3)	(4)	(5)

This nomination superseded the nomination made by the earlier on _____ which stands cancelled.

Note:-

- 1) The Govt. Servant should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.
- 2) Strike out which is not applicable.

WITNESS

1. Signature _____
CISF No _____
Rank _____
Name _____

2. Signature _____
CISF No _____
Rank _____
Name _____

Signature of the Govt. Servant

CISF No _____
Rank _____
Name _____

COUNTER SIGNATURE

FORM NO-3
See Rule – 54 (12)
DETAILS OF FAMILY

Name and CISF No. of the Government Servant :
Designation :
Date of Birth :
Date of Appointment :
Details of the member of my family as on : :

Sl.No	Name of the members of family	Date of birth	Relationship with the Govt. Servant	Initial of the head of office
1.				
2.				
3.				
4.				
5.				
6.				
7.				

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of office any alternation.

Place: _____

Date : _____

Signature of the Govt. Servant

❖ Family for this purpose means:-

- a/ Wife in the case of male Government Servant.
- b/ Husband in the case of female Government Servant.
- c/ Sons below twenty one years of age and unmarried.
Daughter below twenty one years of age, including such Sons and Daughter adopted legally before retirement.

Note:- Wife and Husband shall include respectively judicially Separated Wife and Husband.

ATTESTED

DECLARATION OF MARRIAGE

I CISF No. _____ Rank _____ Name _____
presently serving with CISF Unit _____ do hereby declared that I have
married Smt/Kumari/Mr. _____ daughter/son of Shri _____
(Age/Date of Birth) ___/___/___ of village _____
Post _____ , P.S. _____
District _____ , Tehsil _____
State _____ on _____ at _____
according to the HINDU/MUSLIM/CHRISTIAN Rites.

My wife Smt./Husband Shri _____ will
hence forth be my next of kin, heir to estate and family pension etc., Her/his address is as under:-
Village _____ Post _____
P.S. _____ Nearest Tel Office _____
Tehsil _____ District _____ State _____
Nearest Railway station and distance from home _____

Necessary entry in my service record as made accordingly.

Signed at _____ this _____ day _____ 200_____

Two Witnesses to Signature:-

Signature of the Govt. Servant

1. Signature _____	2. Signature _____	CISF No: _____
CISF No _____	CISF No _____	Rank : _____
Rank _____	Rank _____	Name : _____
Name _____	Name _____	Unit : _____
Unit CISF Unit DMRC Delhi	Unit CISF Unit DMRC Delhi	Unit CISF Unit DMRC Delhi

COUNTER SIGNED

**NOMINATION FOR BENEFITS UNDER THE
REVISED CISF RISK PREMIA CUM SAVING SCHEME – 2008**

Name and address of first nominee	Relationship with the member of the scheme	Age and date of birth of first nominee	Share to be paid to each	Contingencies on happening of which the nomination shall become invalid	Names, address and relationship with age and date of birth of the person (S) to whom the right of the nominee shall pass in the events of first nominee predeceasing the member of the scheme or in consequence of his/her death ineligibility in order of precedence.
(1)	(2)	(3)	(4)	(5)	(6)

Date _____

Signature of member of the
Scheme with date

Two Witnesses to Signature:-

- | | |
|----------------------|----------------------|
| 1. Signature _____ | 2. Signature _____ |
| CISF No _____ | CISF No _____ |
| Rank _____ | Rank _____ |
| Name _____ | Name _____ |
| Unit CISF Unit | Unit CISF Unit |

COUNTER SIGNED

FORM NO. 04

NOMINATION FOR NON CONTRIBUTORY FAMILY PENSION

I No. _____ RANK _____ NAME _____

hereby nominate the persons mentioned below who are member of my family to receive in the order shown below the non-contributory family pension which may be granted by the Central Govt. in the event of my death after completion of ten year qualifying service :-

Name and Address of Nominee.	Relationship with the Government Servant	Age	Whether Married or Unmarried

This nomination supersedes the nomination made by time earlier on _____ which stands concerned.

Note: The Government servant should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ CISF Unit DMRC Delhi-53.

Two Witnesses to Signature:-

1. Signature _____
 CISF No _____
 Rank _____
 Name _____
 Unit CISF Unit DMRC Delhi

2. Signature _____
 CISF No _____
 Rank _____
 Name _____
 Unit CISF Unit DMRC Delhi

Signature of Govt. Servant & Designation
 CISF No: _____
 Rank : _____
 Name : _____
 Unit : _____
 Unit CISF Unit DMRC Delhi

(TO BE FILLED IN BY THE HEAD OF OFFICE)

Nominated by :
 Designation :
 Office

Signature of the Head of Office
 Office & Designation and Date

 Proforma for acknowledging the receipt of the nomination form by the Head of Office.

To,

Sir,

In acknowledging the receipt of your nomination dated the _____ cancelled dated _____ of the nomination name earlier in respect of non-contributory family pension in from _____ I am to state that it has been duly placed on record.

FORM NO.7

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES GROUP
INSURANCE SCHME - 1980**

(When the Government servant has no family and wishes to nominate one person or more than one person)

I, CISF No. _____ Rank _____ Name _____
having no family hereby, nominate the person/persons mentioned below, who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Govt. Employees Group Insurance Scheme-1980 in the event of my death while in service of which having become payable on my attaining the age of superannuation may remain unpaid at my death:

Name & Address of nominee/ nominees	Relationship with Govt. Servant	Age	Share of amount to be paid to each	Contingencies the happening of which the nomination shall become invalid	Name, Address & relationship of the person if any two whom the nominee shall pass in the event of his predeceasing the Govt. Servant

Dated this _____ day of _____ at CISF Unit DMRC, Delhi-53.

Two Witnesses to Signature:-

Signature of Govt. Servant

1. Signature _____	2. Signature _____	CISF No: _____
CISF No _____	CISF No _____	Rank : _____
Rank _____	Rank _____	Name : _____
Name _____	Name _____	Unit : _____
Unit CISF Unit DMRC Delhi	Unit CISF Unit DMRC Delhi	Unit CISF Unit DMRC Delhi

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

* * Where a Govt. servant who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

COUNTER SIGNATURE

FIRST SCHEDULE
RULE -5 (3)
FORM OF NOMINATION : GPF/NPS

Account No. _____, I CISF No. _____ RANK _____
NAME _____ hereby nominate the person (s) mentioned below who is/are member (s) of my family as defined in Rule-2 of the General Provident Fund (Central Service) Rules-1980 to receive the amount that may stand to my credit in the Fund as indicated below in the event of my death before that amount has become payable has not been paid.

Name & full address of the nominees	Relationship with the	Age of the nominees	Share payable to each nominees	Contingencies on the happening of which the nomination will become invalid.
(1)	(2)	(3)	(4)	(5)

Name address and relationship of the persons if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule-2, indicate the reasons.
(6)	(7)

Dated this _____ day of _____ at CISF Unit DMRC Delhi-53.

Two Witnesses to Signature
Name and Address:

Two Witnesses to Signature:-

Signature of the Subscriber

1. Signature _____	2. Signature _____	CISF No: _____
CISF No _____	CISF No _____	Rank : _____
Rank _____	Rank _____	Name : _____
Name _____	Name _____	Unit : _____
Unit CISF Unit DMRC Delhi	Unit CISF Unit DMRC Delhi	Unit CISF Unit DMRC Delhi

COUNTER SIGNED

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA) FOR THE
ACADEMIC YEAR 2020-2021**

1.	CISF No, Rank & Name		
2.	Name of Unit		
3.	Basic Pay and level		
4.	Amount last claimed		
5.	Particulars of children	Child -1	Child -2
i)	Name of the student		
ii)	Date of Birth		
iii)	Class studied during last academic year		
iv)	Name of school/college with address		
6.	Nature of claim		
7.	Whether bonafide certificate is enclosed		
8.	Hostel subsidy: whether bonafide certificate mentioning the amount of expenditure is enclosed.		

Certificate:-

1. I hereby declared that reimbursement of Children Education Allowance has not been claimed in respect of the child/children by a person other than me.
2. I hereby declare that reimbursement of Children Education Expenses is claimed for my eldest two surviving children only.

I hereby declare that particulars mentioned above are correct to the best of my knowledge.

Place:

Date:

(Signature of applicant)

Name:.....

CISF No.....

Rank

Unit:.....

Sector & Area:.....

.....
Certified that the details of the wards of the employee have been verified with family details held in his/her service document and found correct.

(Signature of I/C Doc. Section)

Appendix-C

Authority GOI Ministry of Personnel, PG and Pension, Dept. of Personnel and Training New Delhi Order NO. A-27012/02/2017-Estt(A.I) 16 August 2017.

(This order shall be effective from 01.07.2017)

**CERTIFICATE FROM THE HEAD OF INSTITUTIONS/SCHOOL
(FOR REIMBURSEMENT OF HOSTEL SUBSIDY)**

Ref No. _____

Dated : _____

It is to certify that Master/Kumari _____ having Admission No. _____ D.O.B. _____ Son/Daughter of Mr./Mrs. _____ was studied in Class _____ Section _____ Roll No. _____ during the previous Academic year from (Month/Year)_____ to (Month/Year)_____ & residing in the Hostel of this School/Institute namely _____ (Name of School) vide affiliation/Registration No./Code _____ and pattern _____ curriculum. He/She is not in receipt of scholarship of Rs. _____ per month from _____. He/she has paid the under-mentioned tuition & Hostel fee :-

1. Hostel Fee : _____
(Boarding & Lodging)
2. Tuition Fee : _____
3. Science Fee : _____
4. Music Fee : _____

It is also certified that this School/College _____ is a residential School/College & Master/Kumari _____ was admitted to the hostel of the same school on _____ (Date from which continuously residing in the Hostel)

**Signature of Principal/Head Master/
Head of Education Institution
(Affix School rubber Stamp)**

SELF- DECLARATION FOR CLAIM OF HOSTEL SUBSIDY

I Force No.....Rank.....Name..... of
CISF Unit do hereby certify that my Son/daughter Namely
..... Studied in Class.....Sec..... Roll
No.....During the previous academic year.....in
.....Name of School.

In the event of any change in the particulars given above which will affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, If any made to me.

Place:

Date:

Signature

Name.....

CISF No.....

Rank.....

Unit.....

UNDERTAKING

I Force No.....Rank.....Name..... of
CISF Unit do hereby certify that my Son/daughter Namely
..... Studied in Class.....Sec..... Roll
No.....During the previous academic year.....in
.....
.....Name and complete address of School with PIN. **The distance of the School is more than**

50 KM from my residence.

In the event of any change in the particulars given above which will affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, If any made to me.

Place:

Date:

Signature

Name.....

CISF No.....

Rank.....

Unit.....

NO DUES/CLEARANCE CERTIFICATE

It is certified that there is nothing outstanding dues against No. _____ Rank. _____
 Name. _____ Line/Coy _____ who is proceeding on Regular
 Posting /Superannuation / VRS / Deputation / Resignation to _____ as per Office Memorandum
 No. _____ dated. _____. (Mobile No. Home _____, Self _____)

SN	Section	Details of dues, if any and other information's										Signature
01	Kote I/C	Any COI pending? Any loss/damage of weapon parts reported on him?										
02	Mess Secy	Has he paid mess dues? Have you refunded his mess caution money?										
03	Barrack I/C	Has he deposited all items issued to him?										
04	Coy.Comdr.	CL	RH	PET	ROT	ARC	AME	ECL	ECL	Total		
		Bal	Bal	20....	20....	20....	20....	claimed	to be	ECL		
									claimed			
Relieving Date from Line : _____ (F.N./A.N.)												
05	Q Master	Kit record to be attached _____ Smart card/CGHS card collected back or not _____ Has he attended ARC for the year 20 _____										
06	I/C Wireless	Wireless set & Tetra and charger deposited.										
07	Estate	Whether living with family or not:-										
08	RI Office	Details of RW issued or not										
09	Trg.Officer	Whether he attended Rotational Trg. or any other in-service trg. Unit level or not. If so details of its result. to be mentioned										
10	I/C Doc	Has the Service documents of the individual been updated. SB entry notifying the casualty on strength decrease/ACR/Form 13 under CGEGIS-1980/Service verification/Rotational Trg/SHAPE medical category report etc., shall be made available.										
11	Leave Sec.	If sanctioned leave with J/T and publish USO Part-II.										
12	I/C Disc.	Ensure that whether DE case is pending against him or otherwise.										
13	PIS	Whether necessary entry made in PIS Section or not										
14	I/C NGF	Has his RMS pass book handed over to him										
15	Med./CEA	Med./CEA claim submitted by the individual, whether it is pending or otherwise.										
16	I/C Cash	Ensure all dues have been recovered If he has taken personal loan from SBI, the concerned bank at his new place of posting to be informed about the details										
17	I/C Accts	LPC/PDS for income tax/DA arrears/ECL etc., to be prepared and dispatch it within a couple of days after his release. Has he applied & sanctioned Pay & TA/DA advance? If so mentioned in his LPC.										
18	I/C Pension	Clearance for Strength Decrease of S.R./V.R.S. Personnel only.										
19	I/C CIW	Ensure that no vigilance case is pending against him										
20	I/C CIW	Metro card deposited										
21	Confidential Cell/ PA Sec	In case of SOs, obtain his self appraisal and Up date his CR dossier and arrange to despatch it within 05 days from the date of his release										
22	I/C Adm	Strength decrease S.O. Part I shall be put up with Movement order.										
23	Head Clk	Ensure all the formalities have been complied with										

Signature of the Individual

Dy. Commandant/Adm
CISF Unit DMRC Delhi-53

MAGENTA LINE-II INTER LINE POSTING CLEARANCE FORM FOR IS/DUTY AND DMRC POSTED PERSONNEL

01	CISF NO:..... RANK:-..... NAME.....	
	Signature of individual	
02	NAME OF UNIT	
03	REASON FOR RELIEVE	
04	MESS I/C	
05	KOTE I/C	
12	NAME OF BARRACK	
13	METRO CARD DEPOSIT	
14	DATE OF DEPARTURE	ON : / /2020 (F/N-- A/N)

Signature of the Office IC

RESERVE INSPECTOR
MAGENTA LINE-II

MAGENTA LINE-II INTER LINE FOSTING CLEARANCE FORM FOR IS/DUTY AND DMRC POSTED PERSONNEL

01	CISF NO:..... RANK:-..... NAME.....	
	Signature of individual	
02	NAME OF UNIT	
03	REASON FOR RELIEVE	
04	MESS I/C	
05	KOTE I/C	
12	NAME OF BARRACK	
13	METRO CARD DEPOSIT	
14	DATE OF DEPARTURE	ON : / /2020 (F/N-- A/N)

Signature of the Office IC

RESERVE INSPECTOR
MAGENTA LINE-II

MAGENTA LINE-II CLEARANCE CERTIFICATE FOR IS DUTY PERSONNEL

01	CISF NO:..... RANK:-..... NAME.....												
	Signature of individual												
02	NAME OF UNIT												
03	REASON FOR RELIEVE												
04	MESS I/C												
05	KOTE I/C												
06	CL/RH/CCL BALANCE 2021												
07	AVAILED CL/EL/SICK/OSL DURING THE PERIOD												
08	ECL PARTICULARS FOR THE YEAR 2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
09	ECL PARTICULARS FOR THE YEAR 2021	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10	FOR THE YEAR 2021 ROT..... AME..... PET..... ARC.....												
12	NAME OF BARRACK												
13	METRO CARD DEPOSIT												
14	DATE OF DEPARTURE	ON : / /2021 (F/N-- A/N)											

Signature of the Office IC

RESERVE INSPECTOR
MAGENTA LINE-II

ASSISTANT COMMANDANT
CISF UNIT DMRC DELHI

HANDING/TAKING OF WEAPONS (ARMS & AMMUNATIONS)

We the undersigned have jointly Handed over/Taken over the change of Arms &Ammunations.
Details of Arms &Ammunations are as under.

- 1) Type of weapons /Arms :-
- 2) Regd No :-
- 3) Butt No :-
- 4) Ammunations (quantity) :-
- 5) Rifle Sling :-
- 6) Ammunition Pouch :-
- 7) Magzine :-

HANDED OVER BY

Sign :- _____

CISF No :- _____

Name: _____

Rank:- _____

Unit/BN:- _____

TAKEN OVER BY

Sign :- _____

CISF No :- _____

Name:- _____

Rank:- _____

Unit/BN:- _____

KOTE NCO-

KOTE I/C-

RESERVE INSPECTOR/MAGENTA LINE -II-

ASSTT COMMANDANT/MAGENTA LINE-II -

(Annexure-A)

APPLICATION FOR CLAIMING REDUCED HRA IN R/O UNIT PERSONNEL

01	CISF No. & Rank	
02	Name of personnel	
03	Line/Coy & Self Contact No.	
04	Date of joining in this Unit	
05	Name of Barrack/Outliving/Other Station	
06	Details of dependents: If Yes Mention Sl no. (7) and If No Mention Sl no. (11)	
07	i) Name & Relation	
	ii) Occupation & Contact no. of Dependent	
	iv) Contact no. of house owner, if staying in rent	
08	Is the dependent is residing at home town, if Yes	Home Town Address: Town: Dist: State & Pin :
09	Is the dependent is residing at Outliving/Other station, if Yes : Address of the dependent	
	i) Village	ii) Post Office:
	iii) Tehsil	iv) Land marks:
	v) District	vi) State & Pin Code :
	Documents submitted by the individual (tick the appropriate box) :	
1.Rent agreement for X-class city Compulsory []		2.Gas connection []
3.School certificates of wards []		4.Electricity Bill/ Water Bill []
5.Any other documents as deemed fit by competent Authority []		
11	If personnel not having any dependent, shall have to submit document	Attach undertaking along with 1. Copy of Government Payslip (Family Memebers) 2. Copy of Government ID Card (Family Members)
12	Whether Govt. Quarter occupied in the previous Unit. If Yes, Mention Date of Vacation and Submit Copy of Quarter Vacation Certification to be enclosed. Vacation Date : / /20	

I hereby declared that the facts and detail information given by me in this application are true to the best of my knowledge and belief. I understand that in the event of any of the particulars for information above being found false or incorrect at any stage, disciplinary action may be initiated against me.

Signature of the Individual

1	Recommendation of Coy Commander (ensure all the columns are properly filled by the individual)	
2	Recommendation of Concerned Line In-Charge (ensure all the columns are properly filled by the individual)	

NOTE: If the Individual and his/her Dependent's are residing at Delhi NCR, then Address Verified by CIW (As per Rule)

Address Verified By:-

Remarks of Member-I- (One SO from Concerned Line)	CISF NO : RANK : NAME & SIGN. :
Remarks of Member-II: (From CIW)	CISF NO : RANK : NAME & SIGN. :
Remarks of Presiding Officer : (Concerned Line I/C)	

Presiding Officer
(Concerned Line I/C)

APPLICATION FOR GOVT QTR/HRA

01	CISF No:	
02	Rank:	
03	Name of the Applicant	
04	Line/Coy	
05	Preference of individual (Govt.Qtr/ HRA)	
06	Contact No of applicant	
07	Date of joining in this Unit	
08	Whether Married/Unmarried	
09	Name of (Wife/Husband)	
10(i)	Whether (Wife/Husband)in CISF(Yes/No)	
(ii)	If Yes, Name of (Wife/Husband)	
(iii)	CISF No & Rank of (Wife/Husband)	
(iv)	Present unit of (Wife/Husband)	
11	Name of previous Unit/training Center	
12	Living with family at previous Unit(Yes/No)	
13	If Yes,(Govt Qtr allotted/HRA sanctioned)	
14	Whether applied for retention of family accommodation at previous unit(Yes/No)	
15	Permission granted for retention of Govt Quarters at previous Unit(mention Date)	
16	Any other specifies reason.	
17	Date of application	

It is certified that all the above information furnished by me are true and correct.

Signature of Applicant

Recommendation of Coy Comdr(ensure all the above columns are duly filled by the individual.	
Recommendation of Concern Line In- Charge(ensure all the above columns are duly filled by the individual)	

SUBMISSION OF ADDRESS PROOF FOR HRA

1.	CISF NO.	
2.	RANK	
3.	NAME OF APPLICANT	
4.	LINE/COY.	
5.	CONTACT NO OF APPLICANT	
6.	DATE OF OCCUPATION OF RENTED ACCOMMODATION	
7. (i)	ADDRESS OF THE RENTED ACCOMMODATION:	
(ii)	NAME OF HOUSE OWNER	
(iii)	HOUSE NO & FLOOR NO	
(iv)	STREET NO	
(v)	AREA NAME (WITH LAND MARK)	
(vi)	NEAREST METRO STATION	
(vii)	CONTACT NO OF HOUSE OWNER	
8.	LIVING WITH FAMILY AT PREVIOUS UNIT (YES/NO)	
9.	IF YES, (GOVT QTR ALLOTTED /HRA SANCTIONED)	
10.	WHETHER APPLIED FOR RETENTION OF FAMILY ACCOMMODATION AT PREVIOUS UNIT (YES/NO)	
11.	PERMISSION GRANTED FOR RETENTION OF GOVT. QUARTERS AT PREVIOUS UNIT (MENTIONED DATE)	
12.	WHETHER GOVT. QUARTER OCCUPIED IN THE PREVIOUS UNIT.	
13.	DATE OF VACATION OF QUARTER AT OLD STATION (COPY OF QUARTER VACATION CERTIFICATE TO BE ENCLOSED)	

It is certified that, I am residing in the above address along with my family and all the above information furnished by me are true and correct.

Signature of Applicant

Remarks of Member-I- (One SO from Concerned Line)

CISF NO-.....
RANK-.....
NAME & SIGN-.....

Remarks of Member-II- (From CIW)

CISF NO-:.....
RANK-.....
NAME & SIGN -.....

Remarks of Presiding Officer-(Concerned Line I/C)

**Presiding Officer
(Concerned Line I/C)**

(Annexure-D)

SUBMISSION OF CHANGING ADDRESS PROOF FOR OUT LIVING & HRA

1	CISF NO:		
2	RANK:		
3	Name of applicant		
4	Line/Coy		
5	Contact No		
6	Date of occupation of rented accommodation		
7(i)	Address of the rented accommodation:	OLD	NEW
(ii)	Name of house owner		
(iii)	House No & Floor No		
(iv)	Street No		
(v)	Area Name(with land mark)		
(vi)	Nearest Metro Station		
(vii)	Contact No of House owner		

It is certified that, I- am residing in the above address along with my family and all the above information furnished by me are true and correct.

Signature of Applicant

Remarks of Member-I- (One SO from Concerned Line)

CISF NO-.....
RANK-.....
NAME & SIGN -.....

Remarks of Member-II- (From CIW)

CISF NO-.....
RANK-.....
NAME & SIGN -.....

Remarks of Presiding Officer (Concerned Line I/C)

Presiding Officer
(Concerned Line I/C)

UNDERTAKING

I, CISF No : Rank : Name: is serving in this Unit Since I am provided with /residing in Unit barrack and getting reduced HRA (Reduce by 5%) for the selected place of residence of my family /dependents. However, due to my personal commitments, I want to stay with my family, residing nearby the Unit barrack (Distance from Unit barrackKM) without compromising with operational requirements of the Unit. Further, I undertake to make me available for any operational requirement of Unit as per with barrack members. Further, I undertake that I will not claim any additional HRA (full HRA) in future unless falling within prescribed quota (45% of unit strength) the family accommodation as per rule.

DATE :

CISF No:

RANK :

NAME :.....

CISF UNIT, DMRC, NEW DELHI.

UNDERTAKING

I, CISF No : Rank : Name: is serving in this Unit Since I am provided with /residing in Unit barrack and getting reduced HRA (Reduce by 5%) for the selected place of residence of my family /dependents. However, due to my personal commitments, I want to stay with my family, residing nearby the Unit barrack (Distance from Unit barrackKM) without compromising with operational requirements of the Unit. Further, I undertake to make me available for any operational requirement of Unit as per with barrack members. Further, I undertake that I will not claim any additional HRA (full HRA) in future unless falling within prescribed quota (45% of unit strength) the family accommodation as per rule.

DATE :

CISF No:

RANK :

NAME :.....

CISF UNIT, DMRC, NEW DELHI.

APPLICATION FOR WITHDRAWAL FROM PROVIDENT FUNDS

Ministry of Home Affairs
Office of the DIG
CISF Unit, DMRC DELHI

1. Name of the subscriber :
2. Account Number :
3. Designation :
4. Pay :
5. Date of joining service and the date of superannuation :
6. Balance at credit of the subscriber on the date of application as below-
 - (i) Closing balance as per statement for the year :
 - (ii) Credit from to :
 - on account of monthly subscriptions
 - (iii) Refunds made to the Fund after the closing balance, vide (i) above :
 - (iv) Withdrawal during the period fromto :
 - (v) Net balance at credit on date of application :
7. Amount of withdrawal required :
8. (a) Purpose for which the withdrawal is required :
- (b) Rule under which the request is covered :
9. Whether any withdrawal was taken or the same purpose earlier. If so, indicate the amount and the year :
10. Name of the Accounts Officer maintaining the Provident Fund Account :

Dated: _____

Signature of applicant

Name _____

Designation _____

Section/Branch _____

UNDERTAKING

I, No. _____ Rank _____

Name _____ of CISF Unit, DMRC Delhi ,

do hereby certify that I have not withdrawn the amount from my GPF A/c during my

service for the purpose of purchase of _____ / my son's/daughter's betrothal

/ marriage (_____)

Name of Son / Daughter and his/her age be mentioned here

Date: _____

Place

Signature _____

(_____)

DEPENDENCY CERTIFICATE

I, No. _____ Rank _____ Name _____ certify that

Master./Miss _____ (Date of birth _____) is my Son/daughter

and is wholly depending upon me and normally resides with me. His / Her income from all

sources including scholarship / stipend does not exceed to Rs. 3,500/- p.m. [G.O.IO.No. (4)

Below Note 2, SR-2].

Place: CISF Unit, DMRC Delhi

Dated:

Signature _____

CISF Unit, DMRC Delhi

APPLICATION FOR NOC FOR HIGHER POST

1.	CISF NO.				
2.	RANK				
3.	NAME				
4.	NAME OF LINE/COY.				
5.	DETAILS OF POST (WHICH FOR APPLY (X'ROX COPY OF FORM AND ITS ENCLOSURE ALSO BE ATTACHED)				
	POST	PAY BAND	GRADE PAY	DEPARTMENT/ BOARD	CENTRAL/STA TE GOVT.
6	Employment News, Notification No. With date (Copy attached)				
7	Grade of post	AS GIVEN IN ENCL.:			
8	How many times permission granted in the current/running year?				
9	Is clear from De-Vigilance angle? Yes or No.				
10	Is currency of punishment affected? Yes or No.				
SN	Post name	UPSC	SSC	RRB	ANY OTHER

Signature of individual

11	Recommendation of Coy. Comdr (ensure all formalities, necessary documents and column full fill by individual	
12	Recommendation of Concern AC/DC with his remarks and ensures all formalities full fill by the individuals.	
13	Details of Punishment during current/running year.	Major _____ Minor _____
14	Signature of Document Section I/C CISF Unit DMRC Delhi	

Signature of Line I/C

APPLICATION FOR HIGHER STUDY

01	CISF NO.				
02	RANK				
03	NAME				
04	NAME OF UNIT/COY				
05	Details of Course for which apply				
	Course Name	Year	Board/University	Time of class	
06	Present Educational Qualification (Copy Attached)				
SL	Qualification	Year	Board/University	Result	Percentage
07	Details of Duty				
08	How Many times application submitted for permission to higher study in CISF with course (copy attached)				
Signature of Individual					
09	Recommendation of Coy Comdr (ensure all formalities, necessary document and column full fill by individual.				
10	Recommendation of Concern AC/DC with his remarks and ensure all formalities full fill by the individual.				

DECLARATION FORM FOR CALCULATION OF INCOME TAX FOR THE FINANCIAL YEAR 2021-22

(आपकी बचत (Saving) अप्रैल-2021 से मार्च-2022 तक का ही मान्य होगी)

व्यक्तिगत व अन्य ब्यौरा (Personal/other details)

CISF NO:	RANK :	NAME :
COY :	MOBILE NO. :	PAN NO. :(Photo copy must be enclosed)
I want to opt (Old tax regime/New tax regime) under Income tax act for computation of TDS on salary for the f/ year 2020-21 (Please Tick (✓) on appropriate option	OLD TAX REGIME	
	NEW TAX REGIME	
If Couple Case, please mention CISF No. Rank & name of spouse. Name of couple/spouse Rank CISF No.....		
If you are a Pensioner, How much amount will be received as pension during financial year 2021-22 (i.e. 01.04.2021 to 31.03.2022). (Photo copy of Pension Pass book must be attached)		Rs. :
Any other Income from any sources besides salary during 2021-22		Rs. :
Amount of HRA paid/to be paid to House Owner as Rent from April' 2021 to March' 2022 **		Rs. :
** Note :- Those officers/personnel who are drawing HRA should be submitted rent receipt as per enclosed "Proforma" for exemption of HRA rebate . If not submit, rebate on HRA will not be given.		

निवेशित/भुगतान की गयी पॉलिसी राशि का विवरण (Details of policy amount invested/paid)**(निम्न दर्शित परिशिष्ट में केवल जमा/भुगतान की गयी किश्त की राशि का ही उल्लेख करें)**

Name of policy	Policy/Account No	Name of Policy/Account holder	Relation-ship	Mthy/Qtly H. Yrly/ Yrly	Pre-mium Amt.	Date of Payment	Total Amt .per annum
PPF							
SSA							
LIC							
SBI LIFE							
PLI							
T/FEE							
NSC/FD							
Any other savings							
Note :- Visible copy of above deposit slip must be enclosed duly signed. If investments premium of dependents of individual , dependency certificate duly mentioning his/her date of birth should be endorsed in visible copy of investments premium.							

Those officers/personnel who have taken Home Loan, Edu. Loan and Expenditure incurred on medical treatment of disable dependent, following documents are required to be submitted to avail I/Tax rebate. If not submit the required documents, rebate on Home Loan/Edu. Loan/disability will not be given.

- For Home Loan :- Provisional certificate/possession certificate issued by concerned bank/authority.
- For Edu. Loan :- Provisional certificate issued by concerned bank authorities with date of loan sanctioned.
- For disability :- Disable certificate issued by medical authority as per prescribed format and self expenditure certificate duly signed by the individual towards expenditure incurred for medical treatment of his/her disable dependent.

Home Loan		Education Loan Amt. (Mention Interest Amount & Date of Loan Sanctioned)	Relationship with disabled dependent & % of disability	Amount of Health Insurance Policy
Principal Amt.	Interest Amt.			

UNDERTAKING

I, do hereby undertake that I will submit the following due policy receipts of PPF, SSA, LIC, SBI Life, PLI, T/Fee etc. **on or before 31.03.2022**. If I fails to submit the policy receipts, I shall be liable for penalty under Income tax Act and disciplinary action may be initiated against me. Therefore, the said amount may be considered and allowed for tax rebate under section 80-C for the financial year 2021-22:-

भुगतान/निवेश की जाने वाली राशि का विवरण (Details of amount to be paid/invested)
(निम्न दर्शित परिशिष्ट में केवल जमा/भुगतान की जाने वाली किश्त की राशि का उल्लेख करें)

Name of policy	Policy/Account No	Name of Policy/Account holder	Relation ship	Monthly/ Qtrly H.Yrly/ Yrly	Pre-mium Amt.	Date of Payment	Total Amt. per annum
PPF							
SSA							
LIC							
SBI LIFE							
PLI							
T/FEE							
NSC/FD							
Any other savings							

Note :- *If any of the individual fails to submit the receipts mentioned above within the stipulated period i.e by 31.03.2022, the Income tax for the said amount along with penalty will be deducted from the salary of Aril' 2022 of concerned individual without any intimation.*

I certified that the information furnished in all the above columns is correct to the best of my knowledge and belief.

Encls :

Sign. of Govt. Servant :

Date :

Name :

Rank : CISF No:

- x-----x-----x-----x-----
01. Visible copies of investments premium mentioned in the declaration form should be closed duly self signed.
 02. If investments premium of dependents of individual , dependency certificate duly mentioning his/her date of birth should be endorsed in visible copy of investments premium.

Note:-Incomplete and incorrect form will not be accepted/अपूर्ण एवं गलत फॉर्म स्वीकार्य नहीं होगा।

HOUSE RENT RECEIPT/मकान किराये की रसीद
(TO BE FILLED BY THE HOUSE OWNER/मकान मालिक द्वारा भरा जाना है)

I, received a sum of Rs. (Rupeesonly)
from Shri/Smt.on account of House Rent for the month of’ 2021 to’ 2022
@ Rs..... p.m. to House No.....

I solemnly declare that I am the real owner of the above mentioned house which has been given on rent basis to the aforesaid tenant. I am paying all kinds of taxes etc. of this house.



Date :

(Sign. Of House Owner on a Revenue Stamp of Rs.1/-)

(Note :-If the yearly house rent exceed Rs.1,00,000/-, then zerox copy of PAN of House Owner is mandatory required. If not enclose by the officer/individual, rebate of HRA will not be given)

CERTIFICATE

(To be filled by the employee for HRA rebate under section 10 (13A) of I. Tax Act 1961)
(आयकर अधिनियम 1961 की धारा 10(13ए) के तहत HRA छूट के लिए कर्मचारी द्वारा भरा जाना है)

Certified that I, No..... Rank Name
is drawing House Rent Allowance @ Rs..... per month. I am residing at the following address and paying Rs.....PM
to Shri/Smt. (Name of house owner) towards rent and I will also intimate any
change in residence or amount of rent.

Address :-

.....
.....
.....

It is requested that admissible rebate under Section 10(13A) of Income Tax may kindly be allowed to me for the financial year 2021-22.

In case of the above information is found false/incorrect, I shall be liable for any penalty arising out of it under I.T. Act 1961.

Date :

Sign. of official :.....

Name :

No. :

Rank :

Mobile :

Coy/Line :

To,

Appendix -A

The Dy. Inspector General,
CISF Unit DMRC Delhi.

Sub : PERMISSION TO AVAIL SINGLE/EVERY YEAR /02YEARS HOME TOWN/ ALL INDIA LTC.

01.	Name of Govt. Servant.			
02.	Rank & CISF No.			
03.	Date of Appointment in CISF			
04.	Pay/Grade pay			
05.	Whether permanent or Temporary			
06.	Home Town & Nearest Rly. Stn. is recorded in Service Book	Vill: NRS:		
07.	Whether wife/husband (spouse) is employed and if so whether entitled to LTC			
08.	Whether concession is to be availed for visiting Home town & if so Block for which LTC is to be availed			
09.	a) If the concession is to visit "any where in India" the place to be visited			
	b) Block for which to be availed			
10.	Person in respect of whom LTC is proposed to be availed.			
	S.N:	Name	Relation	D.O. Birth
	01			
	02			
	03			
	04			
	05			
11.	Nature & No. of days Leave Sanctioned wef			
12	Date of onward journey			

I declare that the particulars furnished above are true and correct to the best of my knowledge.

Local residential address of this station

Signature

Name.....

CISF No.Rank

Line.....,CISF Unit DMRC Delhi.

Signature of Line In-Charge

CHECK LIST

(TO BE VERIFIED BY DOCUMENTS SECTION)

1. Particulars in Cols. 6, 7 & 10 are verified
2. Individual's Vill -
NRS -
3. Last LTC taken - (i) Year -
(iii)Home Town/All India-

(ii) Self/Family-

Signature of I/C Documents

APPLICATION FOR ENCASHMENT OF UPTO 10 DAYS E.L ALONGWITH LTC

1. No. Rank Name
of CISF Unit DMRC Delhi.

2. Nature & No. of days leave sanctioned :days EL/HPL/CL/.....
From to

3. (a) Whether you have availed this facility : Yes/ No.
earlier in your service.

(b) If 'Yes' give details
a) No. of time already availed
b) No. of days already encashed
c) Year/ block years of encashment.....

4. Proposed to encash ___ days EL for the Year/block Year:

5. I do hereby undertake that I am applying to avail this facility as time in my service and also the details stated by me above are true to the best of my knowledge. In case, the information given by me is found to be incorrect or false at any stage, I would be liable for disciplinary action.

6. In view of the above, it is requested to permit me to avail this facility as per CCS (LTC) Rules, please.

Yours faithfully

Place:
Date:

Signature of the applicant

7. It is certified that the individual has been sanctioned days EL/HPL/CL/..... wefand he/she has already applied for LTC for the year/block year.....

Coy. Commander

8. Recommendation of Concerned Assistant Commandant.

Asstt. Commandant/_____Line

FOR OFFICE USE ONLY

9. As per his/her service documents, he/she has..... days Earned Leave in his/her credit up to Further, he/she has already availed this facility time(s) and encashed days EL in his/her entire service. Hence, he/she is eligible/not eligible for encashment of ___ days Earned Leave along with LTC for the Year/Block year.....

I/C DOCUMENTS

SIGNATURE OF SANCTIONING AUTHORITY

UNDERTAKING

I have actually travelled against this ticket and not get it cancelled/refunded the ticket amount failing which I shall be liable for disciplinary action under rule.

Signature:.....

Name:-.....

CISF NO-.....

Rank:-.....

UNIT-.....

UNDERTAKING

I have actually travelled against this ticket and not get it cancelled/refunded the ticket amount fail ing which I shall be liable for disciplinary action under rule.

Signature:.....

Name:-.....

CISF NO-.....

Rank:-.....

UNIT-.....

UNDERTAKING

I have actually travelled against this ticket and not get it cancelled/refunded the ticket amount failing which I shall be liable for disciplinary action under rule.

Signature:.....

Name:-.....

CISF NO-.....

Rank:-.....

UNIT-.....

UNDERTAKING

I have actually travelled against this ticket and not get it cancelled/refunded the ticket amount failing which I shall be liable for disciplinary action under rule.

Signature:.....

Name:-.....

CISF NO-.....

Rank:-.....

UNIT-.....

UNDERTAKING

It is certified that during my Temporary Duty /LTC / Attachment, I performed the journey by air on from.....to.....and on.....
..... fromto.....

The details are as under:-

SN	Ticket Booked From	Yes/no		
01	Directly Airline Counter			
02	Through Airline Website			
03	Through Govt. Authorized Agent <table border="1" style="width: 100%;"><tr><td>01. M/s Ashok Travels &Tour</td></tr><tr><td>02. M/s Balmer Lawrie & Company</td></tr></table>	01. M/s Ashok Travels &Tour	02. M/s Balmer Lawrie & Company	
01. M/s Ashok Travels &Tour				
02. M/s Balmer Lawrie & Company				
04	Through IRCTC Website			
05	Through Private Agent (Make my trip, Yatra.com etc.) (Not Eligible)			

It is further certified that , I actually paid Rs. _____ to the air line in Cash/Cheque/Net Banking/Debit Card/Credit Card dated _____ & travelled by air as per Ticket No. _____ dated _____ from _____ to _____ and Ticket No. _____ dated _____ from _____ to _____.

In case the above statement is found false necessary recovery may be made from my bill besides and taking suitable action as per rule.

Dated: / /2021

Place:

Signature:

Name:-.....

CISF NO-.....

Rank:-.....

UNIT-.....

APPLICATION FOR SERVICE CERTIFICATE

01	CISF NO.			
02	RANK			
03	NAME			
04	NAME OF LINE/COY			
05	PURPOSE OF SERVICE CERTIFICATE			
	PURPOSE	TEMPORARY ADDRESS (यदि आवश्यक हो तो लिखे)	PERMAMENT ADDRESS (यदि आवश्यक हो तो लिखे)	FAMILY DETAILS (यदि आवश्यक हो तो लिखे)
06	HOW MANY TIMES APPLICATION SUBMITTED FOR SERVICE CERTIFICATE THIS YEAR			
SIGNATURE OF INDIVIDUAL				
07	RECOMMENDATION OF COY COMDR (ENSURE ALL COLUMN FILLED BY INDIVIDUAL.			
08	RECOMMENDATION OF CONCERN LINE IC WITH REMARKS.			