

APPLICATION FORM FOR CGHS CARD

Applying for New CGHS Card: In case of new pensioner's Card, the CGHS Beneficiary ID/ Card No. while in service

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Applying for Plastic Card: Existing CGHS Beneficiary ID/ Card No.

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1. Name of the Applicant in BLOCK letters:

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2. Category: Departmental Serving Pensioner Others (Pls. specify)

(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 Service/ Department:

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4. Designation: Gazetted Non-Gazetted

5. Scale of Pay Present pay (Serving) Level (as per 7th CPC)

Last pay(Pensioner) Rs Pre-Revised pay as per CPC: Rs

6. Residential Address:

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7. Official Address:

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

9. E-mail ID:

10. Date of Superannuation: DD MM YYYY

11. Are you on Central Deputation (for Serving): YES/ NO

12. If yes, likely completion of Deputation: DD MM YYYY

13. Is your service transferable to other cities: YES/ NO

14 Details of Family (Including Self):

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

S. No.	Name of Family members (Including Self)	Relationship to CGHS Card Holder *	Date of Birth (DD-MM-YYYY)	Aadhar Number
		Self		

(* Please attach proof of age in case of sons)

16. Are all the person whose names have been mentioned above, dependent upon you and are they residing with you? (Please attach proof of their staying with you like copy of Ration Card / Election ID / Passport / Identity Card issued by College/ School/ University Bank Pass Book, etc.,)

17 Paste one ID Card size 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. Each person's photograph should be attested by a Gazetted Officer in charge of administration.

Sl.No.....	Sl.No.....	Sl.No.....	Sl.No.....
Name:	Name:	Name:	Name:
Sl.No.....	Sl.No.....	Sl.No.....	Sl.No.....
Name:	Name:	Name:	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 CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by CGHS and CGHS/appropriate authority will be free to initiate any action against me.

I undertake to surrender the CGHS Cards on my leaving the Ministry/Office on transfer/retirement/termination/resignation or on ceasing to be eligible for CGHS benefits.

I certify the information furnished by me in this application to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

Signature of the Applicant

The Following Documents are to be enclosed:

- 1.Proof of Residence/Stay of dependents (copy of Ration Card I Election ID / Passport / Identity Card issued by College / School/University / Bank Passbook, etc.,)
- 2.Proof of age of son/Disability Certificate
- 3.Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above).
- 4.Surrender Certificate of CGHS Card while in service.
- 5.Attested copies of PPO/Last Pay Certificate Contribution by Pensioners should be made by Bank Draft.
- 6.Contribution by Pensioners should be made by Bank Draft for Rs payable at Bangalore in favour of Additional Director, CGHS, Bangalore from a Nationalised Bank.
- 7.Pension Certificate from pension drawing authority indicating one-month pension details and whether the pensioner is drawing the medical allowance or not.
- 8.Aadhar Card of each beneficiary.
- 9.All the photographs need to be attested by a Gazetted Officer in charge of administration.

Date :

Signature of Additional Director/CMO HQ

Place :

Designation (stamp)

To Be Filled by the Sponsoring Authority (in case of Serving employees)

The information furnished by the applicant has been verified and found to be correct. It is recommended that a CGHS Card be issued to Shri/Smt./Kumari..... Designation.....retired from in this ministry/Department/Organization. Instructions are issued to the concerned Division to start deducting CGHS subscriptions every month from the salary of the applicant/CGHS Subscriptions are deducted every month from the salary of the applicant. I am the authorized sponsoring authority for the issue of CGHS Cards and approval of the competent authority has been obtained.

No.

Signature & Name of the Sponsoring Authority

Date:

Designation (Stamp) with Tel. number

Verified by Authorized Signatory, CGHS (HQ)

Signature with Official Seal

Instructions

Definition of Family

1. Husband / Wife (First wife only)
2. Dependant Parents / Step Mother (in case of adoption, only adoptive & not real parents)
3. If adoptive father has more than one wife, the first wife only.
4. A female employee has a choice to include either her dependent parents or her dependent parents – in law; option exercise can be changed only once during service.
5. Children including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.

For the purpose of availing CGHS facility for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

“Disability” will be AS DEFINED IN SECTION 2(1) OF THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996) WHICH IS REPRODUCED BELOW:
“DISABILITY MEANS

- I. BLINDNESS
- II. LOW VISION
- III. LEPROCY CURED
- IV. HEARING IMPAIRMENT
- V. LOCOMOTIVE DISABILITY
- VI. MENTAL RETARDATION
- VII. MENTAL ILLNESS

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000/ plus the amount of dearness relief on basic pension of Rs. 9000/- as on the date of consideration are treated as dependents and are normally residing with CGHS beneficiary.