**APPLICATION FORM FOR ADDITION / DELETION**

1. NAME OF THE GOVT. SERVANT/ PENSIONER
2. CGHS IDENTITY CARD NUMBER
3. MINISTRY/OFFICE IN WHICH WORKING

1. NEW ADDITION/DELETION

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.no |  New |  Date of Birth | Relation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 SPACE FOR PHOTOGRAPH

1. SIGNATURE OF GOVT**.** SERVANT/ :

THUMB IMPRESSION

 Date:

Section/Branch

 Intercom / Telephone. No / Mobile No.

Email

1. SIGNATURE AND DESIGNATION OF :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ISSUING AUTHORITY / SEAL

1. SIGNATURE OF MEDICAL OFFICER

Note: Form must be filled in triplicate along with the photographs.