**Form – B**

 **CGHS Card No while in service**: ---------------------------

 **APPLICATION FOR CGHS CARD for PENSIONERS OF CENTRAL GOVERNMENT**

1. Name of the Applicant: …………………………………………………………………………………………………

1. Category Pensioners Others (Pl.Specify)

…………………………………….

1. Name of Department / Service from where retired

4. Last Pay / Basic Pension: …………………………………………………………………………..

( in case of Pensioners) ( Pre-revised)

5. Residential Address:…………………………………………………………………………………………………………………….

…………………………………………………………………………………………

6. Telephone Number: ( R ) ( M )

7. e-mail ID ……………………………………………………………

1. Date of Superannuation: \_ \_ / \_ \_ / \_ \_ \_ \_

Date Month Year

1. Details of Family

{\* Please see definition of Family before filling up this column}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Name of Family member | Relation ship to CGHS Card Holder\* | Date of Birth# (Compulsory) | Blood Group (optional) |
|  |  | **Self** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

{# Please attach Proof of age of Persons mentioned above}

1. 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 / Identity Card issued by College / School / University / Bank Pass Book, etc., }

1. 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 ……….. |  S.No. ……… |  S.No…….. |  S.No…… |
| Name |  Name |  Name |  Name |

|  |  |  |  |
| --- | --- | --- | --- |
| S.No ……….. |  S.No. ……… |  S.No…….. |  S.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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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 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/ Disability certificate**

**Surrender Certificate of CGHS Card while in service Attested copies of PPO & Last Pay Certificate**

DD bearing No…………………………….dated ………………….drawn on Bank………………………………………………………………………..Branch………………………

……………………………………………../ Postal Order No. ……………………………….. for Rs……………………

 **SIGNATURE OF APPLICANT**

To

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

**Verified – by Authorized Signatory, CGHS(HQ) valid upto…………/………/ / for Rest of Life**

**. CGHS Dispensary Allotted ………………………………………………….**

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

**Signature**

**(TO BE FILLED BY THE SPONSORING AUTORITY IN CASE OF SERVING EMPLOYEES AND PENSIONERS OF AUTONOMOUS BODIES COVERED UNDER CGHS).**

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 / Km………………………………………………………………………………….

Designation …………………………………. Working in this Ministry / Department / Organization. Instructions have been issued to the concerned Division to start deducting CGHS Subscriptions every month from the salary of the applicant / CGHS Subscription 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.

Enclosed DD bearing No…………………………. dated …………………. drawn on Bank…………………………………………………………..

Branch ………………………………………… / Postal Order No…………………………….. for Rs………………………

\*\* in case of Permission of Autonomous bodies entitled for CGHS facilities.

No.

Date

 Signature & name of the Sponsoring Authority

 Designation (stamp) with Tele. No.

To

The Addl. Director CGHS (HQ) 9 Bikaner House Hutments

Verified \_\_\_\_\_\_\_\_\_\_\_\_\_ by Authorized Signatory, CGHS (HQ) Valid up to \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_

CGHS Dispensary

Allotte\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Entitlement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* (to be filled by CGHS)

Signature with Stamp

**(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 permanentdisability 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 orseparated from their husband / widowed sisters | Irrespective of age limit. |
| (v) | Dependent Minor brother(s ) | Upto the age of becoming a major. |

For the purpose of availing CGHS facility for a disabled sons above 25 years , please attach a copy of n 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:

“(1) “DISABILITY’ MEANS

* 1. BLINDNESS
	2. LOW VISION
	3. LEPROCY CURED
	4. HEARING IMPAIRMENT
	5. LOCOMOTOTR DISABILITY
	6. MENTAL RETARDATION
	7. MENTAL ILLNESS ”

**Dependency:**

**Members of family (other than spouse) whose income is less than Rs.3500/-+DA per month are treated as dependents and are normally residing with CGHS beneficiary.**

**The Following Documents are to be enclosed:**

1. **Proof of Residence / Stay of dependents** –{ copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc.,}
2. **Proof of age of son -**
3. **Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)**

**For Pensioners applying for CGHS card for the First time the following Additional Documents are required:**

1. **Surrender Certificate of CGHS Card while in service.**
2. **Attested copies of PPO & Last Pay Certificate**

**Contribution by Pensioners should be made by Bank Draft Scheduled Banks) payable in Delhi in favor of “Pay & Accounts Officer CGHS, New Delhi”.**