**CENTRAL GOVERNMENT HEALTH SCHEME Form AA**

**Application Form for renewal of CGHS card (serving employees)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Photo |  |  |  |  |
| Name |  |  |  |  |
| Relationship |  |  |  |  |
| D.O.B |  |  |  |  |
| Photo |  |  |  |  |
| Name |  |  |  |  |
| Relationship |  |  |  |  |
| D.O.B |  |  |  |  |

**DECLARATION**

I hereby declare that the statement 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 misrepresented and I stand by the same.

Dated: Signature of CGHS card holder

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**FOR OFFICIAL USE**

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

Name of the Sponsoring authority/ Office Signature (with seal)

Dated:

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**IMPORTANT**

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