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Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49711/AG/ECHS

28 May 2010

IHQ of MoD (Navy)//Dir ECHS (N)
Air HQ (VB)/DPS
HQ Coast Guard
KSB
DGR
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

**APPLICATION FORM FOR UPGRADATION OF ECHS SMART CARD
FOR EXISTING MEMBERS**

1. Refer our letter No B/49711/AG/ECHS dated 25 Feb 2010 and even No dated 01 Apr 2010.
2. A specimen application form for upgradation of ECHS smart card by existing members already in possession of ECHS smart card is enclosed herewith. The format of the application is also being uploaded at our website www.indianarmy.nic.in . The same may be downloaded by the members.
3. It is requested that the above be given wide publicity and disseminated to all concerned under your jurisdiction.

Sd/- x x x x x
(DS Dalal)
Lt Col
Jt Dir (Pers)
for MD ECHS

Copy to :-

MP 5/6
AG's Branch
All Regional Centres
All Station HQ
All Record Offices
Internal
P&FC
Med

**APPLICATION FORM FOR UPGRADATION OF ECHS SMART CARD
FOR EXISTING MEMBERS (CARD HOLDERS)
(FILL UP ALL DETAILS IN BOLD LETTERS)**

1. Pensioner/Family Pensioner Name : _____
2. Relationship: Self/Spouse/Father/ Mother/Son/Daughter **Of** _____
3. Service No _____ Rank _____ Name _____
4. Existing Card Regn No _____
5. Force: Army/Navy/Air Force/Coast Guard/DSC/SFF (As applicable)
6. Details of member/ dependents :-

Ser No	Member/ Dependent Name (with address and tele No with STD code if deferent from existing one)	Relationship	Parent Polyclinic required	Latest Colour Photo(Passport Size) with white background
	<input style="width: 95%; height: 80px;" type="text"/>			
	UID No (if available) <input style="width: 80%; height: 20px;" type="text"/>			
	<input style="width: 95%; height: 80px;" type="text"/>			
	UID No (if available) <input style="width: 80%; height: 20px;" type="text"/>			
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	<input style="width: 95%; height: 80px;" type="text"/>			
	UID No (if available) <input style="width: 80%; height: 20px;" type="text"/>			

8. Total cards demanded
9. Amount (Rupees)
10. Payment Details : DD No Date
- Amount (Rupees)
- Bank Name
11. (a) Physical Disability (✓) Yes No (b) War Disability (✓) Yes No } Please attach relevant documentary proof
- Date
- Signature of Applicant

Applicants to retain photocopy of this form duly receipted by polyclinic/Stn HQ/Regional Centre.

In case any changes required to the existing details please specify eg change of parent polyclinic, change of address and deletion of beneficiary due to death, marriage, over 25 age (son) & employment etc.

Ser No	Changes required	Reason

- Note** :-1. The Cost of upgraded ECHS Cards will be paid @ Rs 135/- per card through DD in favour of dependent Regional Centre ECHS
2. War disabled will be provided with white cards.
3. The application alongwith DD in favour of dependent Regional Centre may be deposited at Polyclinic/Station HQ/Regional Centre.
4. The new card(s) will be delivered at polyclinic where the forms were deposited.
5. The old cards including add on card (s) will be required for activation of new cards and transfer of data. On successful activation, the old card(s) will automatically be deactivated.
6. The OIC Polyclinic on activation of new card will destroy the old card and will render a certificate to this effect to dependent Regional Centre for updating the record. A proper record will be maintained at Polyclinic to this effect.
7. Incase of more than four members / dependants use additional sheet of this form.

