



**Government of India  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare  
Nirman Bhawan, Maulana Azad Road  
New Delhi 110 108**

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No. S 11012/3/2011- CGHS (P)

Dated: the 29th December, 2011

**OFFICE MEMORANDUM**

**Sub: Issue of Individual Plastic Cards to CGHS beneficiaries – regarding**

The undersigned is directed to invite reference to this Ministry's O.M No. Misc. 6024/2007/CGHS (HQ)/CGHS(P) dated 30<sup>th</sup> December, 2009 wherein guidelines on issue of individual Plastic cards to each CGHS beneficiary (serving and retired) were issued. In order to further streamline the issue of CGHS Plastic Cards, the guidelines are revised as follows:-

**NEW PROCEDURE FOR ISSUE OF CGHS CARDS IN DELHI & NCR**

**(A) SERVING EMPLOYEES**

1. CGHS Cards shall be issued only to the eligible Central Government employees and such class of persons as may be decided by the Government whose place of residence is situated within the coverage area of CGHS.
2. Requisition for CGHS Cards shall be prepared in duplicate in Form 'A'. One copy to be forwarded to Additional Director (HQ), CGHS, New Delhi and the other to be retained with the Department where the applicant is currently employed (hereinafter referred to as 'sponsoring authority/Ministry/Department') for record.
3. The requisition shall be sponsored by an officer in charge of administration not below the rank of Under Secretary.
4. Requisitions for CGHS Cards shall be accompanied by two copies of recent 3x5 cm. size individual photographs of all family members of the government employee, one set of which shall be pasted on the application form and shall be attested by a Gazetted Officer in charge of administration. Another set of photographs shall be signed on the back by the concerned beneficiary and enclosed with the application form for onward submission to the Office of Additional Director (HQ), CGHS, New Delhi.
5. Requisitions shall be sent along with two copies of the challan as in Form 'C' duly filled in, to the Additional Director (HQ), CGHS, New Delhi.
6. The Office of Additional Director (HQ), New Delhi shall process the requisition forms and get the cards prepared in the prescribed format which shall then be delivered to the concerned sponsoring authorities as per the laid down procedure.

Contd....2/-

7. CGHS Cards will be delivered only to the person authorised by the sponsoring authority after obtaining an acknowledgement in Form 'D'.
8. The sponsoring authority shall ensure that the government employee, for whose family members the CGHS Cards are made out, gives a proper receipt on taking delivery of card(s) by putting his/her signature.
9. On the occurrence of death, CGHS cards issued to a government employee shall be withdrawn and deposited by the Administration of his/her Department with Additional Director (HQ), CGHS, New Delhi for cancellation.
10. In case of change in entitlement for CGHS facilities, the Government employee shall enclose the CGHS card(s) with the application for issuing new card(s) with the revised entitlement.
11. In case of mutilation, the mutilated CGHS Card shall be enclosed with the application along with the challan in token of payment of the prescribed charges for issuing a new card.
12. CGHS Card(s) may be issued to employees of autonomous bodies (if CGHS facility is allowed to such body) under the Administrative Ministries of Government of India in accordance with the procedure prescribed above. Officers of a rank equivalent or corresponding to Under Secretary in such autonomous bodies though not enjoying Secretariat status shall be the requisitioning authority and certifying authority in respect of such employees.
13. CGHS Card(s) for employees of autonomous bodies attached to the Ministries will be issued only if the employee is residing within the CGHS covered areas.
14. Duplicate cards may be issued on payment of prescribed fee with the details of the lost / misplaced cards. For issue of duplicate cards, the same procedure shall be followed by the concerned employee and his/her sponsoring authority/Department/Office.
15. The employees should be encouraged to submit their applications online by using the CGHS portal. After online submission of the application form they should take a print out of the same and submit the hard copy duly signed and photographs affixed thereon, to the sponsoring authority for processing and onward submission to the Office of Additional Director (HQ), CGHS for issuing the cards. Detailed instructions for online submission of applications are at APPENDIX.
16. The plastic cards issued by CGHS shall be valid for a period of five years from the date of issue. The validity period shall also be indicated on the card.

**(B) PENSIONERS**

1. CGHS card(s) will be issued to the eligible pensioners and his/her dependent family members whose place of residence is situated in the CGHS covered areas. However, CGHS card(s) can also be issued to the pensioners whose place of residence is outside the CGHS covered areas but they have opted for the CGHS membership.
2. The Pensioners have the liberty to enrol themselves with any CGHS Wellness Centre / Dispensary of his/her choice all over the country irrespective of his/her place of residence.

3. The retiring employee can submit his/her application form for Pensioners CGHS card, in Form 'B' duly filled up with the prescribed details to his/her Department/Office for processing and sponsoring his/her CGHS membership to the Office of Additional Director (HQ), CGHS for issuing CGHS card(s).
4. Requisitions for Pensioners' CGHS Card(s) shall be accompanied by two copies of recent 3x5 cm. size individual photographs of all family members of the retiring employee, one set of which shall be pasted on the application form and shall be attested by a Gazetted Officer in charge of administration. Another set of photographs shall be signed on the back by the concerned beneficiary and enclosed with the application form for onward submission to the Office of Additional Director (HQ), CGHS, New Delhi.
5. Retiring employees have the option to apply for pensioner card along with pension papers or at least six weeks prior to superannuation. The employee can authorise his/her Department to deduct the requisite CGHS contribution for his/her pensioner's CGHS card from his/her retirement dues and forward his/her application to CGHS for making of CGHS card(s). He may also have the option to submit a Demand Draft of the requisite amount for the CGHS membership with his/her application.
6. The Department/Office of the retiring employee shall process his/her application alongside his/her pension papers on priority basis and sponsor his/her application to CGHS for issuing of CGHS card(s).
7. The sponsoring authority shall observe the same procedure as for a serving employee for getting his/her CGHS card(s) prepared and delivered to the retiring employee during his service period itself preferably on the day of retirement.
8. The sponsoring Department/Office and the Office of Additional Director (HQ), CGHS shall ensure that the duly prepared Pensioner CGHS Card(s) are presented to the retiring employee on the date of his/her retirement itself alongwith his/her GPF and other retirement benefits.
9. Pensioners can also apply for the CGHS membership after his/her retirement from service. He can opt for the CGHS membership even if he resides outside the CGHS coverage area. He can also select the CGHS Wellness Centre of his choice anywhere in the country for obtaining the medical facilities under the Scheme.
10. The Pensioners can apply for the CGHS cards in the prescribed Form 'B'. The application form shall be accompanied by two copies of recent 3x5 cm. size individual photographs of all family members of the pensioner, one set of which shall be pasted on the application form and shall be attested by a Gazetted Officer. Another set of photographs shall be signed on the back by the concerned beneficiary and enclosed with the application form. The application alongwith the requisite CGHS contribution as per the prescribed rate should be submitted to the Office of Additional Director (HQ), CGHS, New Delhi.

11. The Office of Additional Director (HQ), New Delhi shall process the application forms and get the cards prepared in the prescribed format which shall then be sent by the Registered post / speed post / courier at CGHS cost for delivery to the concerned pensioner at his recorded address in the Application form.
12. The pensioner should also be informed through telephone, SMS, email or by letter about the making of CGHS cards and its despatch particulars to ensure that it is delivered to the correct person. Acknowledgement of receipt should be obtained from him and kept for record in the office of Additional Director, CGHS.
13. CGHS shall issue the plastic card with a validity period for which the pensioner card has been applied for with the requisite contribution. Cards issued for life time validity against payment of 10 years contribution, shall indicate the validity of the card for the life time.
14. The plastic cards already issued with printed validity of to pensioner beneficiaries, who had paid CGHS contribution for 'Rest of Life' would be taken as valid for use for 'Rest of Life'. However, such CGHS beneficiaries have the option to obtain new plastic cards after five years, if they choose to do so. or till entitled for CGHS benefits, whichever is earlier.

#### **NEW PROCEDURE FOR ISSUE OF CGHS CARDS IN OTHER CITIES**

The above procedure can also be followed in all other cities '*mutatis-mutandis*' with suitable modifications. The Card making process would be centralised in the office of the AD/JD, CGHS in charge of the city.

#### **INSTRUCTIONS REGARDING SUBMISSION OF REQUISITIONS FOR ISSUE AND COLLECTION OF CGHS CARDS**

1. Requisitions for issue of CGHS Card(s) should be sent to Additional Director (HQ) CGHS, New Delhi. They should also be duly diarised in the Administrative Section of the concerned Ministry / Department.
2. It would be the responsibility of the Ministry/Department /Autonomous bodies concerned to scrutinise the applications carefully before these are sent to the CGHS. The sponsoring authority concerned should also scrutinise the CGHS Cards collected from the CGHS (HQ) before delivery of the same to the applicant, so as to ensure that each CGHS Card(s) is in order and containing all particulars/information required to be included in the CGHS Card(s). In the case of any error being noticed, the fact should be brought to the notice of the Additional Director (HQ) CGHS, New Delhi immediately. The CGHS Card(s) should not be delivered to the applicant until the error is rectified. All applications should be thoroughly scrutinised by the Ministries etc., for ensuring the correctness of the details furnished in the requisitions and the bona fides of the applicant.
3. The Ministry/Office concerned should nominate a representative, who will deliver the requisitions to the Office of Additional Director (HQ) CGHS, New Delhi and collect the CGHS Card(s) etc. therefrom. His/her name and designation, alongwith Identity Card Number should be indicated on the

Challan slip in Form 'C'. His/her specimen signatures on the Challan slip will also be duly attested by the Administration Section of the Ministry/Office concerned.

4. The rubber stamp indicating the name and designation of the sponsoring authority should be affixed below his/her signature on the application form, and his/her telephone number should also be indicated to enable the Office of Additional Director (HQ)CGHS, New Delhi to contact the officer concerned over the telephone or otherwise, in case of any doubt.
5. Each Ministry/Office shall, from time to time, nominate an officer to sponsor the requisitions to be forwarded to the Office of Additional Director (HQ)CGHS, New Delhi. The name, designation and telephone no. of the sponsoring officer so appointed by the Ministry/Office concerned shall be intimated to the Office of Additional Director (HQ)CGHS, New Delhi as and when a change takes place.
6. It shall be the responsibility of the sponsoring authority / Ministry/Department/Office to ensure that the monthly CGHS contribution at the prescribed rate is regularly deducted from the salary bill of the CGHS beneficiary and remitted to the Government account to keep his/her CGHS membership alive and valid as CGHS is a contributory scheme.
7. It shall also be the responsibility of the individual Central Government employee to whom the CGHS membership has been granted by issuing CGHS card(s), to deposit his/her monthly CGHS contribution at the prescribed rate through his/her regular salary bill to keep his/her CGHS membership alive and valid.
8. It shall be the responsibility of the CGHS beneficiary to ensure that the CGHS card(s) issued to him and his/her family members are not misused in any circumstances or by any unauthorised person.

#### **LOSS / MUTILATION OF CGHS CARDS**

1. The holder of the CGHS card is personally responsible for its safe custody.
2. In case of loss of a CGHS card or a temporary index card, it shall be incumbent on the card holder to report the loss immediately to the Office of the Additional Director (HQ), New Delhi and also to the Ministry or Office which sponsored the requisition for the issue of the CGHS card.
3. On receipt of a report from the card holder about the loss of the CGHS card, the Ministry / Office concerned shall send a Report to the Office of the Additional Director (HQ), CGHS, and New Delhi giving full details of the circumstances leading to the loss of CGHS card.
4. In case the lost CGHS card is subsequently found, the Office of Additional Director, CGHS shall be informed and in case a duplicate one has been issued in the meantime, the original CGHS card shall be returned to the Office of Additional Director, CGHS for cancellation.

5. A penalty of Rs. 50 shall be imposed on the person concerned for the loss of the CGHS card. The penalty once deposited will not be refunded even if the CGHS card is subsequently retrieved.
6. The loss of CGHS card shall be recorded by the Ministry / Office concerned in the remarks column against the relevant entry in the Register of CGHS cards maintained by them in the prescribed Form 'E'.
7. The Ministry of Health and Family Welfare may in special circumstances and for the reasons to be recorded in writing, waive the penalty charges for the loss of a CGHS Card in any particular case.
8. Besides the recovery of penalty charges, a Government employee who fails to give a satisfactory explanation for the loss of CGHS card(s) issued to him / her, would be liable to disciplinary action.
9. In the case of the loss, mutilation of CGHS card, a temporary card will be issued only after the penalty charges for such loss or mutilation, as the case may be, have been deposited by the concerned employee.
10. Penalty for Mutilation of the CGHS card before the period of expiry is Rs 50/-

#### **MISCELLANEOUS**

1. CGHS card issued by the Directorate General of Central Government Health Scheme (CGHS) is not transferable.
2. Misuse of CGHS card will entail penal consequences and in the case of Government employees, disciplinary action can also be taken.
3. On the expiry of the period of validity of a CGHS card, the holder of the CGHS card shall surrender it immediately to the Ministry/Office concerned and apply for renewal or the CGHS card(s), if necessary.
4. The holder of a CGHS card(s) will surrender it to the sponsoring authority when the CGHS card is no longer required by him on account of his transfer or shifting of residence to a non-CGHS covered area.
5. Each Ministry / Office sponsoring requisitions for CGHS cards shall maintain a register in Form 'E' to record the details of CGHS cards issued as per the recommendation of the Ministry / Office. This register shall be submitted to the Directorate General of CGHS if and when required for scrutiny.
6. The Ministry of Health and Family Welfare may issue any further instructions, as may be considered necessary to supplement the CGHS Guidelines and Instructions.

The new procedure as laid down in this Office Memorandum shall be effective from the 16<sup>th</sup> day of January, 2012 and it supersedes all previous instructions issued from time to time on the subject.

**Encl: As above**



**(V.P. Singh)**

**Deputy Secretary to the Government of India**

**Tel: 2306 1831**

- To
- 1 All Ministries / Departments, Government of India
  - 2 Director, CGHS, Nirman Bhawan, New Delhi
  - 3 All Additional Directors / Joint Directors of CGHS cities outside Delhi
  - 4 All Pay & Accounts Officers under CGHS
  - 5 Additional Director (Hqrs) / Additional Director (SZ) /  
Additional Director (NZ) / Additional Director (CZ) / Additional Director (EZ),  
CGHS, New Delhi
  - 6 JD (Gr.)/JD(R&H), CGHS Delhi, Hospital Empanelment Cell, Nirman Bhawan
  - 7 CGHS Desk-I/Desk-II/CGHS-I/CGHS-II, Dte.GHS, Nirman Bhawan. New Delhi
  - 8 Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
  - 9 Admn.I / Admn.II Sections of Dte.GHS
  - 10 Rajya Sabha / Lok Sabha Secretariat
  - 11 Registrar, Supreme Court of India / Punjab & Haryana High Court, Chandigarh
  - 12 U.P.S.C.
  - 13 Finance Division
  - 14 Deputy Secretary (Civil Service News), Department of Administrative Reforms &  
Public Grievances, 5<sup>th</sup> Floor, Sardar Patel Bhawan, New Delhi.
  15. MS of Hospitals now being empanelled under CGHS, Delhi
  - 16 PPS to Secretary (H&FW) / Secretary (AYUSH) / Secretary (HR) / Secretary  
(AIDS Control), Ministry of Health & Family Welfare
  - 17 PPS to DGHS / SS&FA / SS & MD, NRHM / AS (H) / AS & DG (CGHS)
  - 18 Swamy Publishers (P) Ltd., P. B. No. 2468, R. A. Puram, Chennai 600028.
  - 19 Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New  
Delhi
  - 20 All Staff Side Members of National Council (JCM) (as per list attached)
  - 21 Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar  
Marg, New Delhi
  - 22 All Offices / Sections / Desks in the Ministry
  - 23 Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi with the  
request to upload on the website of the CGHS.
  - 24 Office Order folder
  - 25 Guard File

**PROCEDURE FOR ONLINE FILLING OF DATA FOR NEW CGHS CARDS / AND  
PASTIC CARDS FOR EXISTING CARD HOLDERS.**

**A. New CGHS Cards**

A Provision is there to fill up data on application form available online. Serving employee/ pensioner interested to fill up data themselves may log on to the site <http://cghs.nic.in>. He / she shall click on the link '**Apply for Plastic Cards**'. Two options would open. He / she shall click on the option '**New employees / pensioners who are not CGHS beneficiaries apply for Plastic Cards**' and fill up data in the online Data base. After the data is filled in and submitted the system shall generate a Token number to identify the application form generated. A print command is required for taking a print out and photos of self and other family members shall be affixed on the form.

In case of serving employees, the application form is to be verified and authenticated by his /her Ministry /department / Organization and forwarded to CGHS office.

At CGHS office the data filled up by applicant would be retrieved by using the token number and after verification of Data based on the authentication given by department in case of serving employees and after verification of supporting documents in case of pensioners, forward the data online to the agency preparing the Plastic Cards. Photos are scanned and images uploaded. A printout shall be issued after allotment of CGHS Wellness centre, which shall be valid till the Plastic Card is received.

**B. Plastic Cards for CGHS beneficiaries already enrolled and have not applied for Plastic Cards**

Serving employee/ pensioner interested to fill up data themselves may log on to the site <http://cghs.nic.in> . He / she shall click on the link '**Apply for Plastic Cards**'. Two options would open. They shall click the option - '**Existing CGHS beneficiaries who have not applied for Plastic Cards**' and enter CGHS Dispensary/ CGHS Card number / /Category or simply enter the Ben ID and enter. A form shall appear with Ben ID. A print out of same shall be filled up and photos are affixed. The form shall be authenticated by Ministry /Department / Organization concerned and forwarded to CGHS. The data is forwarded online to the agency for preparing Plastic cards.

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**APPLICATION FOR CGHS CARD FOR SERVING EMPLOYEES OF CENTRAL GOVERNMENT**

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

2. Category -- Departmental  Services

{ 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 Department .....

4. Name of the Service.....  
 ( in case of All India / Central Services – IAS/IPS. Etc., )

5. Designation .....  Gazetted  Non-Gazetted

5. Pay Band ..... Present Pay .....Grade Pay.....  
 ( for Serving Employees)

7. Official Address :.....

8. Residential Address:.....

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

10. e-mail ID

11. Date of Superannuation: \_\_\_/\_\_\_/\_\_\_--  
 Date Month Year

12. Are you on Deputation (Central Deputation) Yes / No

13. If yes, likely date completion of Deputation .....

14. Are your services transferable to other cities: Yes / No

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

| S.No. | Name of Family member | Name in Hindi | Relation ship to CGHS Card Holder* | Date of Birth# (Compulsory) | Blood Group (optional) |
|-------|-----------------------|---------------|------------------------------------|-----------------------------|------------------------|
|       |                       |               | <b>Self</b>                        |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |

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

16. Are all the persons whose names are given above are dependant 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., }

17. 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 my leaving the Ministry / Office on transfer; retirement; termination. Resignation; or 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**

Signature of Applicant.

**(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.

Shri /Smt /Kumari ....., Designation ..... in this  
Ministry / Department / Organization . It is recommend that a CGHS Card be issued to Shri /Smt. /Kumari  
....., Instructions have been 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 authorized sponsoring authority for the issue of CGHS Card and approval of the Competent authority  
has been obtained.

No.

Date

Signature & Name of the Sponsoring Authority

Designation (Stamp ) with Tel. Number

To

The Additional Director/Joint Director CGHS of concerned CGHS City

**(TO BE FILLED BY THE SPONSORING AUTHORITY 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 recommend that a CGHS Card be issued to Shri /Smt. /Kumari ....., Designation ..... 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 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 ..... for Rs.....**

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

No.

Date

Signature & Name of the Sponsoring Authority

Designation (Stamp ) with Tel. Number

To

The Additional Director, CGHS(HQ), 9, Bikaner House Hutments,

Verified – by Authorized Signatory, CGHS(HQ) **valid upto**...../...../.....

**CGHS Dispensary Allotted .....Entitlement**

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

Signature with Stamp

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

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

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

2. Category Pensioners  Others (Pl.Specify)   
.....

3. Name of Department / Service from where retired

4. Last Pay .....Basic Pension : .....  
( in case of Pensioners)

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

6. Telephone Number: ( R ) ( M )

7. e-mail ID .....

8. Date of Superannuation: -- / -- / ----  
Date Month Year

9. Details of Family

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

| S.No. | Name of Family member | Name in Hindi | Relation ship to CGHS Card Holder* | Date of Birth# (Compulsory) | Blood Group (optional) |
|-------|-----------------------|---------------|------------------------------------|-----------------------------|------------------------|
|       |                       |               | <b>Self</b>                        |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |
|       |                       |               |                                    |                             |                        |

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

10. Are all the persons whose names are given above are dependant 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., }

11. 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.

**( to be filled by CGHS )**

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

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

**Entitlement :       General Ward / Semi-Private Ward / Private Ward**

**Signature**

## 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)   | Unmarried 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 )   | 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
- (I) BLINDNESS
  - (II) LOW VISION
  - (III) LEPROCY CURED
  - (IV) HEARING IMPAIRMENT
  - (V) LOCOMOTOTR DISABILITY
  - (VI) MENTAL RETARDATION
  - (VII) MENTAL ILLNESS ”
  - (VIII)

### 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 by pensioners applying for issue of new pensioners CGHS Card.**

- (I) 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.,}**
- (II) Proof of age of son -**
- (III) 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:**

- (IV) Surrender Certificate of CGHS Card while in service.**
- (V) Attested copies of PPO /Last Pay Certificate**

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

**FORM 'C'**

(To be submitted in duplicate)

Name \_\_\_\_\_ of \_\_\_\_\_ Ministry/Department

Challan of requisitions of CGHS Cards sent to the Office of Additional/Joint Director, CGHS

(To be sent in duplicate)

Total No. of Applications \_\_\_\_\_

| S. No.<br>requisitioned | Reference No. | Date | For | whom | Name/Designation |
|-------------------------|---------------|------|-----|------|------------------|
|-------------------------|---------------|------|-----|------|------------------|

|  |
|--|
| Receipt Stamp<br>CGHS Cards are likely to be ready<br>For delivery on _____<br>Receipt Clerk, CGHS |
|--|

Signature of Despatcher.....  
Name in Block letters.....



**FORM 'D'**

Shri \_\_\_\_\_ Designation \_\_\_\_\_ holder of Identity Card  
No. \_\_\_\_\_ is authorised to deliver the Requisitions for issue of CGHS  
Cards and also to collect the CGHS Cards.

His specimen signatures are given below

Specimen Signatures

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature of the Sponsoring Authority

|                                 |
|---------------------------------|
| Received I/Card No(s).<br>_____ |
| Date & Time _____               |

Signature of the recipient

