INDEX CARD

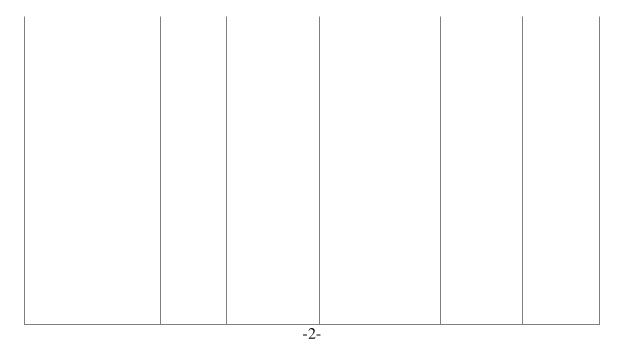
Date of Superannuation	

Govt. of NCT of Delhi

Health and Family Welfare Deptt.

DELHI GOVT. HEALTH SCHEME

1.	Name of Govt. En	nployees	:				
	(In full and block	letters)					
2.	Deptt./Office in w	hich empl	oyed :				
3.	Residential Addre	SS	:				
4.	4. Nearest Delhi Govt. Dispensory/ Hospital :						
5.	Details of family 1	nembers	:				
N	lame	Date of Birth	Relationshi p	Name	Date Birth	of	Relations hip



I hereby declare that:-

(a)	My father / mother namely				
	The total monthly income of my father / mother does not exceed my pay plus dearness pay (where applicable) and that it does not also exceed Rs. 500/- per month.				
(b)	My son / brother				
	age years is unemployed wholly dependent on me.				
©	My daughter / sisterage years is unmarried / unemployed and wholly dependent on me.				
(c)	I undertake to surrender the Identity Card on my leaving the Deptt./office on transfer / retirement / termination of service, resignation etc.				
	Signature / Thumb Impression of Government Employee.				
	Dispensary				
	Signature / Thumb Impression of Government Employee				

Date on which Identity Card Issued
OFFICE STAMP SIGNATURE & DESIGNATION OF ISSUING AUTHORITY
Cont. 3/-
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PROFORMA FOR OPTION
I,, hereby opt the Scheme for providing medical facilities to the employees/ pensioners of Delhi Govt. w.e.f
I do not opt the Scheme as my wife/husband is a member of C.G.H.S. She/ He will avail medical facilities under C.G.H.S. and he / she will get re-imbursement of Medical treatment in respect of family for special treatment.
My wife / husband is employed / not employed in Govt. Department at She/ He will not get the reimbursement of special treatment from her/his employer.
The contribution @ Rsp.m. may be deducted from my salary for the month ofonwards.
Signature
Name

Designation	
Branch/Deptt.	