Index Card

Date of Superannuation _____

Govt. of NCT OF Delhi
Health & Family Welfare Department
Delhi Govt. Health Scheme

1. Name & Designation of Govt. employee.....
   (in full and Block Letters)

2. Department/Office in which employed.....

3. Residential Address .....

   .....

4. Nearest Delhi Govt. Dispensary .....

   .....

5. Detail of family members:

S.No.	Name	Date of Birth	Relationship

I hereby declare that:

(a) My father/mother namely ..... Is/are wholly/mainly dependent upon me and that he/she/they normally residing with me in .....
.....
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 for Rs. 500/- per month.

(b) My son/brother ..... age ..... years is unemployed wholly dependent on me.

(c) My daughter/sister ..... age ..... years is unmarried/unemployed and wholly dependent on me.

(d) Undertake to surrender the identity card on my leaving the Department/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.....

Certified that Index/Identity Cards has/have been scrutinized by the issuing Authority and correctly issued in accordance with the rules and order issued by the Department of Health & Family Welfare.

OFFICE STAMP

SIGNATURE & DESIGNATION OF ISSUING AUTHORITY

PRO FORMA FOR OPTION

I, ... hereby opt the scheme for providing medical facility to the employees/pensioners of Delhi Govt. w.e.f.

I do not opt the scheme as my wife/husband is a member of CGEHS, he /she will avail Medical facilities under CGEHS and he/she will get reimbursement of Medical treatment in respect of facility 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 @ Rs. ..... p.m. is being deducted from my salary for the month of ..... onwards.

Signature.....

Name .....
.....

Designation.....

Branch/Deptt. .....

.....

Annexure – "A"

List of Enclosures

1. Four unattested joint passport size family photographs.

2. Affidavit regarding dependency of parents, if so, the monthly income of your parents from any source, should also be mentioned in the Affidavit. It is also mentioned in the affidavit that your parents are getting any medical allowance/facility from anywhere or not.

3. A **declaration** signed by the officer/official on **a plain paper** stating that:

   (i) The officer/official is a regular employee of this office.
   (ii) That a sum of Rs. ..... is being deducted from his/her salary per month.
   (iii) That the officer/official is applying first time for Medical Card.
   (iv) That the officer/official's spouse is working in any Govt./Semi Govt./Private department or not, if working than submit a certificate from the office of your spouse that he/she is not claiming any Medical Allowance/facility from his/her department in himself/herself and family members.
   (v) That the officer/official not taking any medical facility from anywhere and his/her name is not added in his/her parent/spouse medical facility card.
   (vi) Officer/Official undertakes that he/she will not get changed his/her dispensary once he/she opt the same in his record, until there is a change in his residential address.

4. A declaration is required regarding dependency of children who attains the age of majority.

5. Copy of latest Pay Slip.