

**TO BE FILLED BY THE CONCERNED SERVING EMPLOYEE.**

**Proforma for availing CGHS facility for serving employee  
(Copy to be retained with service record of the concerned employee)**

1	Name of the Employee	
2	Designation	
3	Employee Code	
4	Present KV/KVS/ZIET/HQ where working	
5	Date of initial appointment in KVS	
6	Basic Pay with Pay level	
7	Permanent Address	
8	Present Address (Address proof to be enclosed)	
9	Spouse details if in Govt. Department* (if applicable):	
	(a) Name:	
	(b) Working / Retired:	
	(c) Department Name:	
	(d) Whether spouse availing Medical facilities from his / her Department.	
	(e) If not, attached joint declaration (in the prescribed format) duly countersigned or NOC by the concerned authority of his/her spouse's department and also attached copy of Salary slip of spouse. (if retired Govt. employee Pension slip issued by bank/SMS message). * Govt. Deptt./Public Sector/AB/SB/etc.	
10	Mobile Number	
11	Any Other information:	

The above information are true and correct to my knowledge and nothing has been concealed therefrom.

Encl:

Signature of Employee

**For Office Use**

The above information in respect of Shri / Smt. \_\_\_\_\_ Designation \_\_\_\_\_ has personally been checked from the service records and documents submitted by the concerned. The information are correct, Sh./Smt. \_\_\_\_\_ and his family members as mentioned above are eligible for CGHS medical facilities.

Signature of Principal (for KVs) / Deputy Commissioner (for R.O.) /  
Director (for ZIET) / Asstt. Comm. (E-I/III), KVS (HQ)