



### APPLICATION FOR CGHS CARD

☐ Applying for CGHS card for the first time.

☐ Applying for a pensioner CGHS card, I had a CGHS card while in service or I lost my CGHS plastic card, and applying for issue of another. Please enter the CGHS Beneficiary ID of the card held by you earlier

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1. Name of the Applicant:

.....

2. Category:

- ☐ Departmental {Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/
- ☐ DGHS / CGHS} Services {Please Tick Services if you belong to any specific organized service}
- ☐ Pensioners
- ☐ Others (Pl. Specify) .....

3. Name of Department / Service .....

4. Designation ..... Gazetted ☐ Non-Gazetted ☐

5. Scale of Pay ... Present Pay .....

Present pay pre-revised Rs .....

6. Last Pay / Basic Pension (in case of Pensioners) .....

7. Official Address .....

8. Residential Address: .....

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

10. e-mail ID: .....

11. Date of Superannuation ..... (please write in DD/MM/YYYY format)

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

13. If yes, likely completion of deputation: .....

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



15. Details of Family - {\* Please see definition of Family given on Page No. 4 before filling up this column}

S.No.	Name of Family member	Relationship to CGHS Card Holder*	Date of Birth** (compulsory)	Blood Group (optional)

{\*\*Please attach Proof of age of in case of sons}

16. Are all the people whose names are given above are dependent upon you and are residing with you?.....

{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 and mention their S. No. and Name as filled in the table above.

S.No Name	S.No Name	S.No Name	S.No Name	S.No Name
S.No Name	S.No Name	S.No Name	S.No Name	S.No Name

Signature of Applicant:



#### UNDERTAKING BY APPLICANT

- ☐ 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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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.

(Signature of Applicant)

#### (TO BE FILLED BY THE SPONSORING AUTHORITY)

##### *In case of serving employees/ serving employees about to superannuate in 6 weeks'time*

The information furnished by the applicant has been verified and found to be correct. It is recommended 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 the 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 Telephone

(For CGHS Pensioners making card first time)

Verified- by

Name, Signature and Stamp of Authorized signatory, CGHS

S.NO	DOCUMENTS TO BE ENCLOSED FOR CGHS CARD (SERVING)	DOCUMENTS TO BE ENCLOSED FOR CGHS CARD (PENSIONER)
1.	Proof of age of son (in case son is a dependent)	Proof of age of son (in case son is a dependent)
2.	Self-attested copy of Disability certificate issued by Medical Board of Government hospital (in case of dependent son aged 25 and above)	Self-attested copy of Disability certificate issued by Medical Board of Government hospital (in case of dependent son aged 25 and above)
3.	Pay slip of serving employee	Self-attested PPO/ Provisional PPO or Last pay certificate
4.	Address proof	Copy of Bharatkosh Challan for CGHS subscription paid
5.	Documents proving dependency of family members (wherever applicable)	Proof of availing/ non availing FMA
6.	Copy of ID proof of dependent family members (Passport, PAN Card, Masked Aadhar, voter ID card etc.)	Copy of ID proof of dependent family members (Passport, PAN Card, Masked Aadhar, voter ID card etc.)
		Address proof
		Documents proving dependency of family members (wherever applicable)



## Instructions

### **Definition of Family:**

1. Husband / Wife (First wife only)
2. An employee has a choice to include either dependent parents or dependent parents – in law; for the purpose of availing the benefits under CGHS subject to the conditions of dependence and residence, etc., being satisfied.
3. If adoptive father has more than one wife, the first wife only.
4. Children including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	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)	Up to the age of becoming a major.
(vi)	Dependent minor children of widowed/ separated daughters	Up to the age of becoming a major

For the purpose of availing CGHS facility for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

### **“Disability” will be AS DEFINED IN RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016 “ WHICH IS DEFINED BELOW**

“DISABILITY” MEANS (benchmark disability of 40% vide F. No. 4-24/96-C&P/CGHS(P)/EHS dated 7<sup>th</sup> May 2018)

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Blindness</li> <li>2. Low-vision</li> <li>3. Leprosy Cured persons</li> <li>4. Hearing Impairment (deaf and hard of hearing)</li> <li>5. Locomotor Disability</li> <li>6. Dwarfism</li> <li>7. Intellectual Disability</li> <li>8. Mental Illness</li> <li>9. Autism Spectrum Disorder</li> <li>10. Cerebral Palsy</li> <li>11. Muscular Dystrophy</li> <li>12. Chronic Neurological conditions</li> <li>13. Specific Learning Disabilities</li> <li>14. Multiple Sclerosis</li> <li>15. Speech and Language disability</li> <li>16. Thalassemia</li> <li>17. Hemophilia</li> <li>18. Sickle Cell disease</li> <li>19. Multiple Disabilities including deaf</li> </ol> | <ol style="list-style-type: none"> <li>blindness</li> <li>20. Acid Attack victim</li> <li>21. Parkinson's disease</li> </ol> |
|--|--|



**Dependency:**

Members of family (other than spouse) whose income is less than Rs.9000\*/+DA-per month are treated as dependents and are normally residing with CGHS beneficiary.

**The Following Documents are to be enclosed:**

- I. Proof of Residence / Stay of dependents – {copy of Ration Card / Election ID / Passport / 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:**

- I. Surrender Certificate of CGHS Card while in service (if applicable)
- II. Attested copies of PPO / Last Pay Certificate
- III. **Copy of Bharatkosh transaction Challan as proof of payment of CGHS subscription made.**

**Contribution by Pensioners should be made through Bharatkosh portal only. Please see following page for list of peripheral cities and concerned CGHS administrative city. For steps to be followed for making Bharatkosh payment, please visit the link: [https://youtu.be/EwPHjMp\\_mts?si=UleAHW2QJF2cAKZh](https://youtu.be/EwPHjMp_mts?si=UleAHW2QJF2cAKZh)**

S.no	CGHS MAIN CITY (Administrative heads)	Cities covered under Main City
1	Ahmedabad	Ahmedabad, Vadodara, Gandhinagar
2	Allahabad	Prayagraj, Varanasi
3	Bangalore	Bengaluru, Mysuru
4	Bhopal	Bhopal, Indore
5	Bhubaneswar	Bhubaneswar, Berhampur, Cuttack
6	Chandigarh	Chandigarh, Panchkula, Jammu, Srinagar, Shimla, Ambala, Amritsar, Jalandhar
7	Chennai	Chennai, Coimbatore, Trichy, Tirunelveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada, Vishakhapatnam
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishapore
16	Lucknow	Lucknow, Agra, Bareilly, Gorakhpur
17	Meerut	Meerut, Saharanpur, Moradabad, Aligarh, Baghpat
18	Mumbai	Mumbai, Nashik, Panaji
19	Nagpur	Nagpur, Raipur, Chandrapur
20	Patna	Patna, Darbhanga, Gaya, Chapra, Muzafferpur
21	Pune	Pune, Chatrapati Sambhaji Nagar (Aurangabad)
22	Ranchi	Ranchi, Dhanbad
23	Shillong	Shillong, Agartala, Imphal
24	Trivandrum	Trivandrum, Calicut, Trichy, Kannur

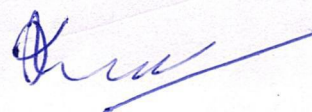






**Form for availing CGHS facility**  
**(Copy to be retained with pension record of the concerned employee)**

1.	Name of the Retired Employee and Employee code:					
2.	Designation:					
3.	Date of Birth:					
4.	Date of Retirement:					
5.	Name of KV/RO/ZIET/HQ from where retired and name of <b>Pension Sanction Authority (PSA)</b> i.e., RO/ZIET/HQ from where retirement dues were settled.					
6.	Basic Pay & Pay Level at the time of Retirement					
7.	Copy of Last Pay Certificate					
8.	GPF / CPF / NPS					
9.	PPO No. (if pensioners, copy to be enclosed)					
10.	Copy of latest pension payment slip (issued by bank) indicating not claiming Fixed Medical Allowance.					
11.	Residential Address (proof to be enclosed)					
12.	Name of the nearest KVS, Regional Office where <b>he/she opt for</b> issue of new CGHS card and reimbursement of medical claims.					
13.	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, attach joint declaration (in the prescribed format) duly countersigned or NOC by the concerned authority of his/her spouse's department and also attach copy of Salary slip of spouse. (if retired Govt. employee Pension slip issued by bank/SMS message). * Govt. Deptt./Public Sector/AB/SB/etc.					
14.	Details of family Members. (Dependents of Employee, if any (Enclose documentary proof as applicable, with Proof of stay of dependents.))	Sl.	Name	DOB	Relationship	Remarks
					self	
15.	CGHS yearly contribution (Amount) payment details (Demand Draft/On-line transaction – Transaction ID/UTR No./Name of the Bank etc.).	Rs. -				
16.	Application form for issue of New CGHS Card duly signed by the employee.					





17.	Individual passport size photos of eligible family members.	
18.	Self-attested copy of Aadhar-Card in r/o all the family members	
19.	Surrender certificate of CGHS card (indicating CGHS card no.) while in service (only in those cases where CGHS card was issued while in service), if any.	
20.	Mobile Number	
21.	E-mail ID	
22.	Any Other information:	

#### **DECLARATION**

1. The above information is true and correct to the best of my knowledge and nothing has been concealed therefrom. I further declare that I have opted for CGHS facility instead of FMA. In future, if the rates of CGHS are increased I will pay the increased amount of contribution for availing CGHS facility.

Encl:

Signature of retired employee

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#### **For Office Use**

#### **(To be verified by Retirement Benefit Sanctioning Authority)**

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 filled by the applicant is found correct, Sh./Smt. \_\_\_\_\_ and his / her dependent family members as mentioned above are eligible for CGHS medical facilities. The amount of Rs \_\_\_\_\_ has been received from the retired employee.

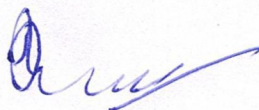
Signature of Deputy Commissioner / Director / S.O. (Pension, KVS/HQ)

#### **For Office Use of opted Regional Office**

#### **(As specified at Sl. No. 12 opted by the retired employee)**

The undersigned has personally verified the documents and information (as received from KVS, RO/ZIET/HQ \_\_\_\_\_) in respect of Sh./Smt./Ms. \_\_\_\_\_ Designation \_\_\_\_\_ and found that he/she including dependent family members are eligible for CGHS medical facilities.

Signature of Deputy Commissioner / Director.





**Forwarding letter**

To

The Regional Office / ZIET / KVS (HQ)  
(From where the retirement benefits were settled)

**Sub:-** Issue of CGHS card – reg.

Sir/Madam,

I ..... Retired from .....  
KV/RO/ZIET/HQ on ..... submit by CGHS application form  
(all required documents) along with Payment of CGHS yearly contribution  
through DD / Online mode (NEFT/RTGS/etc.) for issue of CGHS card.

I opt RO/ZIET/HQ (Name.....) for issue of CGHS  
card and submission of medical claims.

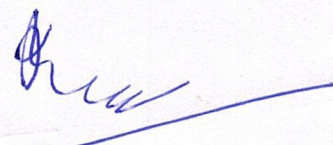
Yours faithfully,

( )  
Name:  
Address:  
Mob. No.:  
Date:

**Encl:-** Annexure I & II

**Copy to:-**

1. The DC/Director/KVS HQ (opted for issue of CGHS card and settlement of medical claim) with the request to forward the application with the CGHS authority for issue of CGHS card.





**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)