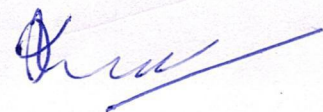


**Form for availing CGHS facility  
(Copy to be retained with pension record of the concerned employee)**

|     |  |       |      |     |              |         |
|-----|--|-------|------|-----|--------------|---------|
| 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).<br>* Govt. Deptt./Public Sector/AB/SB/etc. |       |      |     |              |         |
| 14. | Details of family Members.<br>(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)**

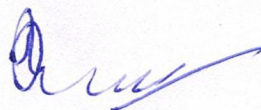
The above information in respect of Shri / Smt. \_\_\_\_\_ Designation \_\_\_\_\_ has personally been checked from the service records and documents submitted by the concerned. The information filled by the applicant is found correct, Sh./Smt. \_\_\_\_\_ and his / her dependent family members as mentioned 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.

