

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
APPLICATION FORM FOR MEMBERSHIP (REV 2010)
(PLEASE FILL IN CAPITALS & IN BLUE INK)

Application Regn No.												
Place of Submission												
Category	(<input checked="" type="checkbox"/>)	(a) Officer	(b) JCO & Equivalent	(c) OR & Equivalent	To be filled by Stn HQ/Record Office							

Applicant's
Recent Colour
Passport size
Photograph in
Civil Dress
(Red Background)

PART I - PARTICULARS OF PENSIONER

APPLICATION FOR () Pensioner Family Pensioner Future Retiree

SERVICE () Army Navy Air Force CG DSC SFF

Signature of Applicant
(black ink)

1. Service No 2. Rank
(With prefix and suffix) (Abbreviated as per General Instructions)

3. (a) Name of Ex-Serviceman
(Maximum 32 characters including spaces)

(i) Regt/Corps/Ship/Base/Unit : _____ (ii) Gender () Male Female

(iii) Citizenship () Indian NDG (iv) Marital Status : () Married/Unmarried/Divorce/Widow/Widower

(v) Employed () Yes No (vi) Monthly Income : _____

(b) Name of family Pensioner
(if applicable)

(i) Gender () Male Female (ii) Category () Officer/JCO & Equivalent/OR & Equivalent

(iii) Employed () Yes No (iv) Citizenship () Indian NDG (v) Monthly income _____

(c) Relationship with ESM () Spouse/ Son/ Daughter/ Father/ Mother

(d) Date of Demise of Pensioner (DD-MM-YYYY)

(e) UID No _____ (f) PAN No : _____

4. Date of Birth of Applicant Primary Member (DD-MM-YYYY)

5. Date of Commission/ Enrollment (DD-MM-YYYY)

6. Date of Retirement/ Discharge (DD-MM-YYYY)

7. Parent Polyclinic

8. Residential Address
Tehsil Dist
State Pin

9. Contact details

(a) Telephone No
(With STD code)

(b) Mob No

(c) E-Mail ID :

10. Type of Pension () Normal Disability Family

11. Pension Payment Order No (PPO No)
(attach photo copy)

12. Name & Address of
Banker/Treasury from
where pension drawn

13. Pension Bank
Account Number

14. Record Office

15. Drug Allergy (if any)

16. Blood Group Physical Disability () Yes No

(Optional) (Tick one as applicable) War Disability/Battle Casualty Disability () Yes No

Signature and stamp of authorising Officer of Station Headquarters/ Record Office.

For family
Pensioner only

Specimen signature/Left
Thump Impression

PART-II PARTICULARS OF DEPENDANTS

Name of SPOUSE _____
 (Maximum 20 Characters including space)

Gender (✓) Male Female Citizenship (✓) Indian NDG

Date of Birth (DD-MM-YYYY)

Date of Marriage (DD-MM-YYYY)

Parent Polyclinic
 (If not same as pensioner/
 Family pension) _____

Physical Disability (✓) Yes No Employed (✓) Yes No Monthly Income _____

UID No _____ PAN No : _____

Name Mentioned in Service/ Discharge Book (✓) Yes No Blood Group _____

Drug Allergy (if any) _____ Optional

Residential Address
 (If not same as pensioner/
 Family pension) _____

Tehsil	Dist
State	Pin

Contact details

(a) Tele No (With STD code) _____ Mob _____

(b) E Mail ID :- _____

Name of FATHER _____
 (Maximum 20 Characters including Space)

Citizenship (✓) Indian NDG

Date of Birth (DD-MM-YYYY)

Employed (✓) Yes No Pensioner (✓) Yes No

Whether dependent on applicant (✓) Yes No Monthly income _____

Parent Polyclinic
 (If not same as pensioner/
 Family pension) _____

Name Mentioned in Service/Discharge Book (✓) Yes No Physical Disability (✓) Yes No

UID No _____ PAN No : _____ Blood Group _____

Drug Allergy (if any) _____ Optional

Residential Address
 (If not same as pensioner/
 Family pension) _____

Tehsil	Dist
State	Pin

Contact details

(a) Tele No (With STD code) _____ Mob _____

(b) E Mail ID :- _____

Name of MOTHER _____
 (Maximum 20 Characters including Space)

Citizenship (✓) Indian NDG

Date of Birth (DD-MM-YYYY)

Employed (✓) Yes No Pensioner (✓) Yes No

Whether dependent on applicant (✓) Yes No Monthly income _____

Parent Polyclinic
 (If not same as pensioner/
 Family pension) _____

Name Mentioned in service/Discharge Book (✓) Yes No Physical Disability (✓) Yes No

UID No _____ PAN No : _____ Blood Group _____

Drug Allergy (if any) _____ Optional

Residential Address
 (If not same as pensioner/
 Family pension) _____

Tehsil	Dist
State	Pin

Contact details

(a) Tele No (With STD code) _____ Mob _____

(b) E Mail ID :- _____

Note :- Please attach relevant medical documents of Drug Allergy (if any) and Blood Group.

PART-II PARTICULARS OF DEPENDANTS

Name of CHILD _____ (Maximum 20 Characters including space)												Affix Recent Colour Passport size Photo of CHILD of Pensioner (Red Background)			
Citizenship (✓) Indian		NDG													
Date of Birth _____ (DD-MM-YYYY)															
Relationship (with Ex-Serviceman) _____ Employed (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
Marital Status (✓) Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow <input type="checkbox"/> Divorcee <input type="checkbox"/> (For daughter only- if applicable)															
Parent Polyclinic _____ (If not same as pensioner/ Family pension)															
Permanent Disability (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
Blood Group _____															
Name Mentioned in Service/Discharge Book(✓) Yes <input type="checkbox"/> No <input type="checkbox"/> Part II Order Published and Copy/ Proof attached (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
UID No _____ PAN No : _____ Monthly Income _____															
Drug Allergy (if any) _____															
Residential Address _____ (If not same as pensioner/ Family pension)															
Contact details (a) Tele No (With STD code) _____ Mob _____ (b) E-Mail ID :- _____															
Name of CHILD _____ (Maximum 20 Characters including space)												Affix Recent Colour Passport size Photo of CHILD of Pensioner (Red Background)			
Citizenship (✓) Indian		NDG													
Date of Birth _____ (DD-MM-YYYY)															
Relationship (with Ex-Serviceman) _____ Employed (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
Marital Status (✓) Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow <input type="checkbox"/> Divorcee <input type="checkbox"/> (For daughter only- if applicable)															
Parent Polyclinic _____ (If not same as pensioner/ Family pension)															
Permanent Disability (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
Blood Group _____															
Name mentioned in Service/ Discharge Book (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> Part II Order Published and Copy/ Proof attached (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
UID No _____ PAN No : _____ Monthly Income _____															
Drug Allergy (if any) _____															
Residential Address _____ (If not same as pensioner/ Family pension)															
Contact details (a) Tele No (With STD code) _____ Mob _____ (b) E-Mail ID :- _____															
Name of CHILD _____ (Maximum 20 Characters including space)												Affix Recent Colour Passport size Photo of CHILD of Pensioner (Red Background)			
Citizenship (✓) Indian		NDG													
Date of Birth _____ (DD-MM-YYYY)															
Relationship (with Ex-Serviceman) _____ Employed (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
Marital Status (✓) Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow <input type="checkbox"/> Divorcee <input type="checkbox"/> (For daughter only- if applicable)															
Parent Polyclinic _____ (If not same as pensioner/ Family pension)															
Permanent Disability (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
Blood Group _____															
Name mentioned in Service/ Discharge Book (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> Part II Order Published and Copy/ Proof attached (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>															
UID No _____ PAN No : _____ Monthly Income _____															
Drug Allergy (if any) _____															
Residential Address _____ (If not same as pensioner/ Family pension)															
Contact details (a) Tele No (With STD code) _____ Mob _____ (b) E-Mail ID :- _____															

Note : 1. In case of more than three children the ESM to photocopy this page. 2. In case of child mentally/physically challenged, necessary certificate to be attached.
3. Attach relevant Medical document of Drug Allergy (if any) and Blood Group.

Optional

Optional

Optional

PART-III DETAILS OF MRO PAYMENT

(Serial 1 to 4 to be filled by only those whose contribution NOT deducted in PPO)

- | | | | | | | | | | | |
|----|---|-------------------------------|------------------------------|------------------------------|--------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | Payment in full or in Installments (Tick as applicable) | <input type="checkbox"/> Full | <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three | <input type="checkbox"/> Exempted | | | | |
| 2. | Bank | <input type="checkbox"/> RBI | <input type="checkbox"/> SBI | Branch | | | | | | |
| 3. | MRO No | | | | | Date of Payment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Amount
(Rupees) | | | | | | | | | |

PART-IV DETAILS OF PAYMENT FOR SMART CARDS

- | | | | |
|-------------------------|--|---|---|
| 1. Total Cards Demanded | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> | 2. Amount (Rupees) | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| 3. Mode of payment | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> DD No | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> Date of Draft | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> Bank Name |
| Date | <input style="width: 25px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 30px; border: 1px solid black;" type="text"/> | (DD-MM-YYYY) | |

Note :- Faulty entries requiring subsequent correction will entail fresh cards being Made on additional payment

(Signature of Applicant)
(Black ink)

PART-V TO BE FILLED BY STATION HEADQUARTERS/ RECORD OFFICE

- | | | | | | | | | | | |
|----|--|--------------------------------------|---------------------------------|---|---------------------------------|--------------------------------------|---|---|---------------------------------|---------------------------------|
| 1. | Basic Pension (Rupees) | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | 2. Documents Checked and Receipt issued (✓) | <input checked="" type="checkbox"/> Yes | <input type="text"/> | |
| 3. | Payment Received for Smart Cards | <input type="text"/> | | | | | Rs. | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> |
| 4. | Category for Hospitalisation | <input type="text" value="Private"/> | <input type="text"/> | <input type="text" value="Semi-Private"/> | <input type="text"/> | <input type="text" value="General"/> | <input type="text"/> | | | |
| 5. | Date of Receipt of Application from/
Date of Retirement of Future Retiree | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text"/> | | | |
| 6. | Date application forwarded
To Regional Centre | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | <input type="text" value=" "/> | (Signature and Stamp of Station
Headquarters/ Record Office) | | | |

PART-VI TO BE FILLED BY REGIONAL CENTRE ECHS

- | | | |
|--------------------------------|--------------------------------------|--|
| 1. | Date of Receipt of Application Form | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | Date application forwarded to Vendor | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Checked by
(Initials & No) | | <input type="text"/> |
| Verified by
(Initials & No) | | <input type="text"/> |
| Signature and Stamp of | | |

SMART CARD DETAILS (to be filled on receipt from vendor)

- | | | |
|-----|------------------------------------|---|
| 1. | Date of Receipt of Smart Card(s) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | ECHS No. (Mentioned in Smart Card) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | No of Smart Card(s) issued (✓) | <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six |
| (a) | Dispatched to | <input type="text"/> |
| | | (Station HQ/ Record Office/Individual) |
| (b) | Date of Dispatch | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | <input type="text"/> |
| | | Initials _____ |

RECEIPT FOR DOCUMENTS CUM TEMPORARY CARD
EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
(USE BLUE INK ONLY)

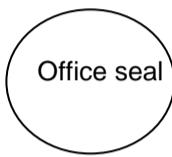
1. Received following documents from No _____ Rank _____ Name _____ towards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS) :-

- (a) Application form (duly completed) (Duplicate)
- (b) Photographs pasted at appropriate places.
- (c) Affidavit in original (duly attested).
- (d) Copy of MRO (where applicable).
- (e) Photocopy of PPO/Bankers certificate duly attested by bankers/treasury (where applicable).
- (f) Photocopy of service/discharge book /proof of dependants.
- (g) Demand draft (for Smart Cards) (Rs 135/- Per card in favour of dependent Regional Centre ECHS).
- (h) Certificate from OIC parent Polyclinic containing old data in case of duplicate Card(s)/Change of Cards.

2. Category for Hospitalisation (✓) Private Semi Private General

3. Parent Polyclinic of Pensioner _____

Place :



No _____

Date :

Rank _____

Name _____

Signature _____

(Officer issuing temporary receipt in lieu of Smart Card)

All photographs to be stamped by issuing Officer .

PENSIONER	SPOUSE	FATHER	MOTHER
CHILD	CHILD	CHILD	CHILD

- Notes :-**
1. This original receipt is required to be returned at the time of collection of Smart Card (s). Receipt will not be destroyed. This will be filed alongwith the original Application Form .
 2. **No Smart Card will be issued if this receipt in original is not produced.**
 3. **Record Office** will retain this receipt after checking the Application Form for handing over to the individual if the ECHS card is not ready prior to his retirement.
 4. The Original Receipt is **valid** upto a maximum of **Sixty days**.
-

Pension Payment Order No (PPO No) _____
 (attach photocopy)

Received Smart Card (✓) One Two Three Four Five Six

Date : _____ Signature of Pensioner
Note : Observation / complaints pertaining to SMART CARD (s) must be brought to issuing authority within 07 days of receipt of the Card (s).

ABBREVIATED RANKSOFFICERS

ARMY	Abbreviation	NAVY	Abbreviation	AIR FORCE	Abbreviation	Indian Coast Guard	Abbreviation
General	Gen	Admiral	Adm	Air Chief Marshal	ACM	-	-
Lieutenant General	Lt Gen	Vice Admiral/ Surg Vice Admiral	V Adm/ Surg V Adm	Air Marshal	Air Mshl	Director General	DG
Major General	Maj Gen	Rear Admiral/ Surg Rear Admiral	R Adm/Surg R Adm	Air Vice Marshal	AVM	Inspector General	IG
Brigadier	Brig	Commodore/ Surg Commodore	Cmde/ Surg Cmde	Air Commodore	Air Cmde	Dy Inspector	DIG
Colonel	Col	Captain/Surg Captain	Capt (IN)/Surg Capt	Group Captain	Gp Capt	Commandant	Comdt
Lieutenant Colonel	Lt Col	Commander/Surg Commander	Cdr/Surg Cdr	Wing Commander	Wg Cdr	Commandant (JG)	Comdt (JG)
Major	Maj	Lt Commander/ Surg Lt Commander	Lt Cdr/ Surg Lt Cdr	Squadron Leader	Sqn Ldr	Dy Commandant	Dy Comdt
Captain	Capt	Lt /Surg Lt	Lt (IN)/Surg Lt	Flight Lieutenant	Flt Lt	Asst Commandant	Asst Comdt
Lieutenant	Lt	Sub Lt/Surg Sub Lt	S Lt /Surg S Lt	Flying Officer	Fg Offr	-	-
Gentleman Cadet	GC	Cadet	Cdt	Flight Cadet	Flt Cdt	-	-

PBOR

ARMY	Abbreviation	NAVY	Abbreviation	AIR FORCE	Abbreviation	Indian Coast Guard	Abbreviation
Honorary Captain	Hony Capt	Honorary Lieutenant	Hony Lt (IN)	Honorary Flight Lieutenant	Hony Flt Lt	-	-
Honorary Lieutenant	Hony Lt	Honorary Sub Lieutenant	Hony Sub Lt (IN)	Honorary Flying Officer	Hony Fg Offr	-	-
Subedar Major or Risaldar Major	Sub Maj or Ris Maj	Master Chief Petty Officer1	MCPO 1	Master Warrant Officer	MWO	Pradhan Adhikari or Pradhan Sahayak Engineer	P/Adh or PSE
Hony Sub Maj or Hony Ris Maj	Hony Sub Maj or Hony Ris Maj	-	-	-	-	-	-
Subedar or Risaldar	Sub or Ris	Master Chief Petty Officer 2	MCPO 2	Warrant Officer	WO	Uttam Adhikari, or Uttam Sahayak Engineer	U/Adh or USE
Hony Subedar or Hony Risaldar	Hony Sub or Hony Ris	-	-	-	-	-	-
Naib Subedar or Naib Risaldar	Nb Sub or Nb Ris	Chief Petty Officer	CPO	Junior Warrant Officer/Flight Sergeant	JWO/Flt Sgt	Adhikari, or Sahayak Engineer or Pradhan Yantrik	Adh or SE or P/Ytk
Hony Naib Sub or Hony Naib Risaldar	Hony Nb Sub or Hony Nb Ris	-	-	-	-	-	-
Havildar or Dafedar	Hav or Dfr	Petty Officer	PO	Sergeant	Sgt	Pradhan Navik or Uttam Yantrik or Yantrik	P/Nvk or U/Ytk or Ytk
Honorary Havildar or Hony Dafedar	Hony Hav or Hony Dfr	-	-	-	-	-	-
Naik or Lance Dafedar	Nk or LD	Leading	Ldg	Corporal	Cpl	Uttam Navik	U/Nvk
Lance Naik or Asst Lance Dafedar	LNK or ALD	Seaman I	Sea I	Leading Air Craftsman	LAC	Navik or Enrolled Follower	Nvk or E/F
Sepoy (Rfn, Gdsm, Swr, Spr, Sigm, Cfn, Gnr	Sep	Seaman II	Sea II	Air Craftsman	AC	-	-
Recruit	Rect	Recruit	Rect	Recruit	Rect	-	-

GENERAL INSTRUCTIONS

1. Eligibility

- (a) Should be an Ex-Serviceman and drawing pension/disability pension/family pension from **Controller of Defence Accounts** including Indian Coast Guard personnel.
- (b) War Widows (Veer Naris) / NOK of Battle causalities.
- (c) Personnel disabled in Operations.
- (d) Recruits medically boarded out during training and in receipt of disability pension.

Notes :

- (i) Ex-Servicemen not drawing pension are NOT eligible.
- (ii) To take benefits of ECHS you **CAN NOT** be drawing benefits of any other Government medical Scheme.

2. Dependents.

- (a) Spouse including legally more than one spouse.
- (b) Unemployed Son(s) up to 25 years of age.
- (c) Unemployed/unmarried Daughter (s) including widow / legally divorced irrespective of age.
- (d) Physically/ Mentally handicapped child for life (Central Organisation letter B/49764/AG/ECHS dated 15 Feb 05 is relevant for details).
- (e) Wholly dependant Parents whose combined monthly income from all source does not exceed Rs 3500/- pm and are generally residing with the member.
- (f) Parents of deceased soldier can be eligible, subject to meeting dependency criteria.
- (g) If both husband and wife are Defence Personnel, parents of both members are eligible if both pay subscription, subject to meeting dependency criteria.

- Notes :**
- (i) Widow after remarriage in receipt of family pension is eligible for ECHS membership alongwith her children from first marriage. However, her present Husband and children born later are not entitled.
 - (ii) Grandparents/Grand children are not entitled.
 - (iii) Part II Orders endorsement by service Headquarters/respective Records for marriage/children born after retirement.

3. ECHS Contribution.

(a) Ex-Servicemen Retired Prior to 01 Apr 03.

- (i) Should deposit on time ECHS contribution in Govt treasury/Nationalised bank through MRO as per rates of subscription.
- (ii) Four copies of MRO in Original to be prepared.

(b) Ex –Servicemen Retired/Retiring After 01 Apr 03. Subscription is being deducted directly by CDA (P) and reflected in PPO.

(c) Rates of Subscription are as under (Subject to Revision by Govt) :-

Grade Pay drawn at the time of retirement	RATES OF SUBSCRIPTION
Rs 1800/-, Rs 1900/-, Rs 2000/-, Rs 2400/- and Rs 2800/- per month	Rs 15,000/-
Rs 4200/- per month	Rs 27,000/-
Rs 4600/-, Rs 4800/-, Rs 5400/- and Rs 6600/- per month	Rs 39,000/-
Rs 7600/- and above per month	Rs 60,000/-

- Notes :-**
- (i) War Disabled Pensioners/War Widows/NOK of Battle Casualties are exempted from paying ECHS subscription.
 - (ii) Fixed medical Allowance (Rs .100/-) will be stopped from date of ECHS membership.
 - (iii) All pensioners who have retired prior to 01 Jan 1996 are exempted contribution.

4. Smart Cards

- (a) One card per beneficiary will be issued wef 01 Jun 2010.
- (b) White Card for disabled beneficiary as per eligibility.
- (c) War disabled/Battle Casualty disabled veterans will be provided with white card.
- (d) Demand draft @ Rs 135/-per card drawn in favour of :-
 - (i) **Submission After Retirement.** **Regional Centre ECHS** in whose jurisdiction the application is being submitted.
 - (ii) **Submission Before Retirement.** For Officers **Regional Centre ECHS, Delhi Cantt** and for PBOR in favour **Regional Centre ECHS** with which the Record Office of the pensioner affiliated. **List of Affiliation is at page 10.**

5. Filling & Submission of Forms

- (a) **Membership After Retirement**
 - (i) Collect form from nearest Stn HQ, Polyclinic or download from internet (Website : www.indianarmy.nic.in/arechs.htm.)
 - (ii) Prepare affidavit on Rs. 10/- Non- judicial stamp as per specimen given at Page 11.
 - (iii) **Attach bankers certificate/DPDO certificate showing details of pension being drawn, MRO (2 Copies), PPO copy, dependency certificate, proof of identity and demand draft for cards.**
 - (iv) Carry service/discharge book in original for verification.
- (b) **Membership Before Retirement (future Retiree).**
 - (i) Form to be collected and filled alongwith pension documents.
 - (ii) Copy of PPO, Bankers Certificate & MRO are NOT required.
 - (iii) Submit completed Application Form alongwith affidavit as follows:
 - (aa) Army Headquarters/AG's Branch MP 5/6 for **Non-AMC-Army Officers.**
 - (ab) Army Headquarters/AG's Branch MPRS(0) – **for AMC, ADC & MNS Officers.**
 - (ac) Concerned Records Office (refer Page 10) – **for all JCOs or OR of the Army Including DSC Personnel.**
 - (ad) Naval Headquarters/Director of Personnel (DOP) – for Naval Officers.
 - (ae) Commodore Bureau of Sailors (CABs), Mumbai - **for Naval PBOR.**
 - (af) Air Headquarter/DPP & R, through last posted unit - **for Air Force Officers.**
 - (ag) Air Force Recrds Office (AFRO), Delhi Cantt - **for Air Forces PBOR.**
 - (ah) Coast fuard Headquarters - **for Officer and PBOR.**
- (c) **Retirement at Short Notice**

ECHS Membership Application Form is generally required to be submitted to concerned Record Office 5-6 months prior to the date of retirement. However, in case of an Officer/PBOR proceeding on retirement at short notice, he/she is permitted to submit his/her ECHS Membership Application Form to concerned Record Office any time prior to the date of retirement or Even after retirement if he/she is not possession of PPO. ECHS Membership Application Form can only be submitted at nearest Stn/HQ Regional Centre by a pensioner if it is supported by PPO and all other mandatory documents.

Deduction of contribution by the CDA is no guarantee for grant of membership. Issue of Smart Card after **verification documents at ' Regional Centre/ respective Records will be considered as acceptance of membership'.**

- Notes:
- (i) Data field, as UID, PAN No, e-mail id, drug Allergy and Blood Group details may be filled up if available.
 - (ii) Smart Card will be dispatched to the Station HQ nearest to the residential address.
 - (iii) pre 1986 retirees need not deposit copy of ppo. Discharge Book/pension Book giving name of spouse and bankers certificate to be submitted with application

MUST KNOW POINTS

1. Smart Card will be issued on production of original receipt of application Form.
2. Validity of receipt is for 60 days only. In case of non receipt of Smart Card validity can be further extended upto 90 days extension by the Stn HQ. Regional Centre can accord or arng further extension till receipt of card on case to case basis.
3. The member and bonafide dependants should activate upgraded Smart card at any Polyclinics preferably at parent Polyclinic on receipt by giving thumb impression at the earliest.
4. Any false declaration/misuse of benefits will entail cancellation of membership. Central Organisation, ECHS will be the final authority for cancellation of membership
5. Ensure safe custody of Smart Card. Do not put in a polythene jacket
6. To avail treatment facilities, the ECHS member or his /her dependent is required to go to ECHS Polyclinics with the membership Card.
7. In case further treatment or investigations are required ,the polyclinics doctors will refer the patient to Service Hospital/Lab/Dental Centre or Empanelled civil facility.
8. In Military Stations patients will be referred to service Hospital only. Referrals to empanelled civil medical facilities will only be provided if Service Hospital do not have capacity
9. A list of Empanelled Hospital/Nursing Home(s), Diagnostics Centre and Dental Clinics/Centers will be available in the polyclinics for the guidance of patients. The patient will be required to report to the empanelled facility of his choice along with his ECHS membership card and referral form from ECHS Polyclinic. On Completion of treatment/diagnostics procedure, he/she is not required to make any Payment, bill will be cleared by ECHS.
10. In an emergency situation, the ECHS member may not be able to follow the normal referral procedure. He can report to the nearest/most convenient Hospital, preferably a service Hospital or an Empanelled Hospital. In Such cases ,no payment is required to be made and the bill of empanelled Hospital will be cleared by ECHS. In case a member goes to a non-empanelled hospital he/she has to pay the bill and submit a claim for reimbursement to the ECHS Polyclinics subsequently. In all cases of emergency admission, the nearest **ECHS Polyclinics must be informed within 48 hrs. of admission.** The reimbursement will be limited to approved CGHS rates
11. In case of any incorrect entry in the Smart Card .It should be brought to the notice of the issuing authority within 07 days from the receipt of Card. If brought out later Card will not be replaced free of cost.
12. In case any complaint /difficulty in availing medical facilities at ECHS Polyclinics, please liaise/refer your correspondence (brief and to the point) to the Stn HQ in whose jurisdiction the Polyclinic is functioning.
13. **On receipt please activate your card as soon as possible preferably at parent polyclinic.**

11. Some important DO's & DON'Ts for availing treatment are as tabulated below:

DO'S	DON'T'S
<ul style="list-style-type: none"> ➤ DO CARRY YOUR REGISTRATION SLIP AND IDENTIFICATION DOCUMENTS/SMART CARD WHEN VISITING ECHS CLINICS ➤ DO AVAIL ALL DIAGNOSTICS AND THERAPEUTIC FACILITIES IN THE POLYCLINICS . ➤ DO EXERCISE YOUR OPTION OF BEING REFERRED TO EMpanelled FACILITY OF YOUR STATION BUT ONLY WHEN REFERRAL IS ADVISED BY POLYCLINICS . ➤ DO CARRY YOUR REFERRAL FORM AND SMART CARD. ECHS REGISTRATION SLIP TO THE EMpanelled FACILITY. ➤ DO TRY TO CHOOSE A SERVICE. EMpanelled HOSPITAL IN AN EMERGENCY. YOU WON'T HAVE TO PAY. ➤ DO INFORM YOUR POLYCLINIC WITHIN 48 HRS WHEN ADMITTED DIRECTLY TO EMpanelled OR NON-EMpanelled HOSPITAL IN AN EMERGENCY ➤ DO FOLLOW SOME TIME TO THE POLYCLINIC TO PROCURE SUPER SPECIALTY DRUGS PRESCRIBED FOR YOU, IF NOT READILY AVAILABLE 	<ul style="list-style-type: none"> ➤ DO NOT PAY BILLS IN EMpanelled HOSPITALS-ECHS WILL CLEAR YOUR BILLS ➤ DO NOT INSIST FOR REFERRAL FOR FACILITIES AVAILABLE IN THE POLYCLINIC. IT IS NOT AUTHORIZED. ➤ DO NOT INSIST ON PARTICULAR BRAND NAME OF DRUG FROM POLYCLINIC. YOU MAY BE ISSUED DIFFERENT BRAND BUT WITH SAME PHARMACOLOGICAL COMPOSITION. ➤ DO NOT PURCHASE DRUGS YOURSELF AND ASK FOR REIMBURSEMENT. IT IS NOT AUTHORIZED ➤ DO NOT ACCEPT SUB-STANDARD TREATMENT AT EMpanelled HOSPITAL- REPORT TO YOU POLYCLINIC.

**AFFILIATION OF SERVICE HQS & RECORDS OFFICERS
WITH ECHS REGIONAL CENTRES**

Regional Centres

Affiliated Section at Service HQs & Records office

Delhi Cantt	Army HQs/AG's Branch MP 5/6 and MPRS (O) - for Army officers : Naval headquarters. DOP – for Naval Officers; Air Headquarters/ DPP & R - for Air force Officers; Air Force Records office (AFRO) - for all Air Force PBOR;CGHQ-For Coast Guard officers /PBOR and RAJPUTANA RIFLES.
Pune	Armoured Corps; Regiment of Artillery; Army Air Defence; Mechanised Infantry; Bombay Engineer Group (BEG), BRIGADE OF guards; Intelligence Corps; Army Physical Training Corps (APTC), Army Postal Service (APS).
Patna	PUNJAB Regiment; SIKH Regiment; BIHAR Regiment; 3 & 9 GORKHA RIFLES; Army Service Corps (AT).
Lucknow	Bengal Engineer Group (BEG) Regiment; RAJPUT Regiment; JAT Regiment; SIKH Light Infantry Regiment; GARHWAL RIFLES; KUMAON Regiment; 11 GORKHA RIFLES; Army Medical Corps (AMC); Remount & Veterinary Corps (RVC).
Hyderabad	MARATHA Light Infantry; Army Ordnance Corps (AOC), Electronic and Mechanical Engineers (EME).
Jabalpur	Corps of Signals; GRENADEIER Regiment; MAHAR Regiment; Jammu & Kashmir Rifles (JAK RIF);Army Education Corps (AEC), DOGRA Regiment.
Jammu	Jammu & Kashmir Light Infantry (JAK LI); LADAKH SCOUTS.
Guwahati	ASSAM Regiment; 5 & 8 GORKHA RIFLES.
Chandigarh	1 & 4 GORKHA RIFLES.
Chennai	Madras Engineers Group (MEG); PARACHUTE Regiment; MADRAS Regiment; Army Service Corps (South); Corps of Military Police (CMP); Pioneer Corps.
Kochi	CABS, Mumbai- for all Navy PBOR; Defence Security Corps (DSC).

SAMPLE OF AFFIDAVIT
(For initial application)

**AFFIDAVIT ON Rs. 10/- NON JUDICIAL STAMP PAPER and TO BE ATTESTED BY MAGISTRATE/NOTARY
PUBLIC DECLARATION**

I Service No _____ Rank _____ Name _____ (Unit) _____, solemnly affirm and declare as follows:-

I, _____ wife/Father/Mother/Daughter/Son Service No _____ Rank _____ Name _____ of (unit) _____ solemnly affirm and declare as follows:-

1. That I am/will be drawing pension vide PCDA Pension Payment Order No _____ dated _____
2. That I have the following legal dependent(s) whose photograph(s) is/are affixed below on this Affidavit :-

Name	Relationship	Age	Date of Birth	Part II Order No/CRD/SD/POR No
-------------	---------------------	------------	----------------------	---------------------------------------

Signed Photo of Dependent giving name,
Relationship and Identification mark

Signed Photo of Dependent giving name,
Relationship and Identification mark

(Photographs(s) to be pasted and signed across by the Applicant)

3. (a) That the combined monthly income (from all sources including income accruing from house/other immovable property/fixed deposit etc) of my dependant father and /or dependent mother is less than Rs 3500/-
(b) That is hereby certified that my parents (father/mother or both) do not draw any pension from Central Govt/State Govt/PSUs/any Private Organisation and are physically residing with me.
4. That my child/ children is/are dependant on me and is/are NOT earning more than Rs. 3500/- per month, & that my daughter(s) is/are NOT married.
5. I shall inform the ECHS immediately of his/her/their employment of earning more than Rs 3500/PM.
6. That in case of any change in the status of my dependants (due to death, marriage, employment), I will inform Station Headquarters, ECHS Cell at the earliest and will stop use of ECHS facilities. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.
7. (a) That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
(b) That my spouse is NOT a member CGHS or any other Govt Scheme.
8. I understand that in case I have submitted any incorrect information, or if any ECHS Membership Card is misused or used by any unauthorised person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorised person(s). I will also be liable for legal action by the ECHS Organisation. I will also immediately report the loss of my ECHS membership card to the nearest Station Headquarters.
9. That in case of any misuse of Smart Cards(s) or tampering with bills or attempt to defraud, once I become a member , I will forfeit my membership automatically.
10. I undertake that in case of any misbehavior, on my part with Polyclinic Staff, my membership may be suspended/cancelled/ terminated.
11. I understand that the contribution I am making is a one time token amount and is not refundable even if I do not make use of any ECHS facility or opt out of ECHS Scheme.

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed therefrom. Verified at (place)-----on this (date)-----day of (Month)-----Year-----

Signature of Deponent

ATTESTATION

Certified that the above statement is declared before me at (Place)-----on this -----day of (Month)-----Year-----by DEPONENT Service No -----Rank-----Name-----Who is identified by Name-----S/O (Father's name of Identifier)-----and witnessed by Name-----S/O (Father's name of first witness)& Name-----S/O (Father's name of second witness).

WITNESS

Signature of Witness No.1

1. (Name in Block Capitals)
(Full Postal Address)

Signature of Witness No.2

1. (Name in Block Capitals)
(Full Postal Address)

ATTESTED BY
MAGISTRATE/NOTARY PUBLIC

MILITARY RECEIVABLE ORDER

Bank's Counterfoil (To be forwarded to the CDA)
(To be filled in by MRO issuing authority)

Received a sum of Rs

Total (Rs in words)

----- Crores ----- lakhs --- thousands ---- hundreds ----- Tens ----- units

From (name of the individual/unit/office)

By Cash/Cheque No Date Bank for credit to PCDA/CDA

..... on account of as Defence receipts

BSR Code			D D M M Y Y			Serial No					
Bank Seal											

(Signature of the Issuing Officer)
Unit/Officer

**Depositor's Counterfoil-1 (To be retained by the Depositor)
(To be filled up by Treasury/RBI/Bank)**

Treasury/RBI/Bank

Dated

Received a sum of Rs(Rupees Only)from
(individual/Unit/Officer) on account of for credit to PCDA/CDA as Defence Receipt

**Depositor's Counterfoil-2 (To be forwarded to PCDA/CDA)
(To be filled up by Treasury/RBI/Bank)**

Dated

Treasury/RBI/Bank

) from.....

(individual/Unit/Officer) on account of for credit to PCDA/CDA as Defence Receipt

<input type="text"/>											
BSR Code	D D M M Y Y	Serial No									
Bank Seal											

**Depositor's Counterfoil-3 (To be retained by Stn HQ/Regional Centre)
(To be filled up by Treasury/RBI/Bank)**

Dated

Treasury/RBI/Bank

) from.....

(individual/Unit/Officer) on account of for credit to PCDA/CDA as Defence Receipt

INSTRUCTIONS FOR MRO

Controller General of Defence Accounts (CGDA) has nominated the following Army Principal Controllers of Defence Accounts (PCsDA)/ Controllers of Defence Accounts (CsDA) for accounting the contribution made in their areas of jurisdiction.

S. No	Regional Centre	Polyclinic under jurisdiction of Regional Centres	Name to be Entered in MRO Army PCDA CDA
01	Jammu	Mandi,Yol ,Janglot (Kathua), Jammu, Udhampur, Srinagar, Samba, Akhnoor, Leh, Rajouri, Pathankot, Bakhlooh	PCDA(NC) Jammu
02	Delhi	Delhi Cantt (BHDC), New Delhi (Lodhi Road), Sonipat, Panipat, Yamunanagar, Kaithal, Kurushetra, Gurgaon, Faridabad, Karnal, Ambala, NOIDA, Ghaziabad (Hindon)	PCDA (WC) Chandigarh
03	Chandimandir	Chandimandir, Gurdaspur, Cahndigarh, Hoshiarpur, Jalandhar, Ludhiana, Ropar, Amritsar, Sangrur, Fatehgarh Sahib, Faridkot ,Firozepur, Kapurthala, Patiala, Moga, Hamirpur, Bilaspur, Una, Shimla, Solan, Muktsar.	PCDA (WC) Chandigarh
04	Jaipur	Jhunjhunu, Jaipur, Kota, Nagaur, Alwar, Bhartatpur, Sikar, Hindaun City, Churu, Bikaner, Sriganganagar, Bhatinda, Mansa, Fatehabad, Sirsa, Hisar, Jind, Bhiwani, Rohtak, Jhajjar, Rewari, Narnaul	CDA(SWC) Jaipur
05	Pune	Ahmedabad, Vadodra, Jamnagar, Bhind, Bhopal, Gwalior, Saugar, Morena, Ahmedanagar, Jhansi, Orai, Panaji, Satra, Kolhapur, Pune,Nagpur, Akola, Sholapur, Deolali, Aurangabad, Mumbai(Navy), Mumbai(Upanagar), Miraj (Sangli), Chiplun , Sindgdurg,Thane (Nerul), Amaravati, Buldana, Jalgaon, Osmanabad, Mahad, Latur, Barmer(Jalipa), Jaisalmer,Jodhpur,Pali,Udaipur,Ajmer	PCDA(SC) Pune
06	Lucknow	Meerut, Agra, Bareilly, Lucknow, Muzaffarnagar, Etawah, Fatehgarh, Kanpur, Mathura, Saharanpur(Sarsawa), Shahjahanpur, Bulandashar, Etah,Mainpuri, Aligarh, Badaun, Firozabad, Akbarpur Matti, Raibereilly, Dehradun, Kotdwara, Pauri Garhwal, Almora, Haldwani, Pithoragarh, Roorkee, Karanprayag	PCDA(CC) Lucknow
07	Kolkata	Krishnanagar, Lebong(Darjeeling), Kolkata, Bardwan, Bangdubi, Barrackpore, Salt Lake, Midnapur, Gangtok	CDA Patna
08	Patna	Ara, Muzaffarpur, Danapur (Patna), Gaya, Chhapra, Dharbanga, Ranchi, Jamshedpur, Behrampur, Bhubaneswar, Balasore	CDA Patna
09	Jabalpur	Mhow, Jabalpur, Ghazipur, Gorakhpur, Allahabad, Fatehpur, Raipur, Pratapgarh, Rewa, Faizabad, Varanasi, Balia, Deoria, Azamgarh, Sultanpur	CDA Jabalpur
10	Hyderabad	Guntur, Secunderbad,Vishakhapatnam, Chittor, Giddalur, Golconda, Vijayawada, Kakinaada, Dharwad, Mysore, Karwar, Bangalore(Urban), Yalahanka, Manglore, Bijapur, Belgaum, Madikeri	CDA Secunderabad
11	Chennai	Vellore, Chennai, Tirunalveli, Coimbatore, Thiruvannamalai, Avadi, Srivilliputtur,Dindigul, Wellington, Madurai, Krishnagiri, Kanchipuram, Salem, Tiruchirapalai, Cuddalore, Nagarcoil, Nagapattinam, Tanjavur, Theni, Tuticorin, Villupuram, Port Blair	CDA Chennai
12	Kochi	Trivandrum, Kannur, Palakkad,Kochi, Pathannathitta, Kozhikode, Alleppey, Quilon, Trissur, Kotnayam, Perintalamann	CDA Kochi
13	Guwahati	Guwahati, Jorhat, Masimpur, Shilong, Zakhama(Kohima), Dimapur, Aizwal, Imphal(Leima Khong), Agartala	CDA Guwahati

DPDO/BANKER'S CERTIFICATE

Certified the following:

Ser. No Rank Name.....

Pension Account No of this Bank is drawing Pension as follows:

(a)	Uncommuted Basic Pension	Rs.
(b)	Dearness Pension (50% of Basic Pension)	Rs.
(c)	DA	Rs.
		Rs.

His Pension Payment Order No .is.....

Fixed Medical Allowance has been stopped w.e.f. (date)

(Authority for discontinuation of FMA. CGDA New Delhi Circular No. 5601/AT-P/Payt dated 17 Jun 05 and GOI, MOD letter No. 2 (a) / 01/ US(WE)/D (Res) dated 30 Dec 2002)

Date _____

PDA/Bank manger/i/c DPDO
(With Official Stamp)