

**Ministry of Micro, Small and Medium Enterprises  
Office of the Development Commissioner (MSME)**

**APPLICATION FORM FOR ADDITION / DELETION**

1. EMPLOYEE CODE NO. \*\* : \_\_\_\_\_
2. NO. OF CGHS IDENTITY CARD : \_\_\_\_\_
3. NAME OF THE GOVT. SERVANT : \_\_\_\_\_
4. MINISTRY/OFFICE IN WHICH WORKING : \_\_\_\_\_  
\_\_\_\_\_
5. NEW ADDITION/DELETION :

Sl.no.	Name	Date of Birth	Relation

SIGNATURE OF GOVT. SERVANT / : \_\_\_\_\_

THUMB IMPRESSION.

Date :

SIGNATURE AND DESIGNATION OF : \_\_\_\_\_  
ISSUING AUTHORITY / SEAL

SIGNATURE OF MEDICAL OFFICER : \_\_\_\_\_

*Note : Form must be filled in triplicate along with the photographs and submit to Administration/Section/Branch*

*\*\* Can be had from Cash Section using Composite Payroll System.*