

APPLICATION FOR NEW CGHS CARD

Acknowledgement No. T2109241

1. Name of the Applicant: ASHIM KIMAR ROUTH /
2. Category ☐ Departmental ☐ Services ☐ Pensioners ☒ YES Others (Pl.Specify).....
{Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/ DGHS / CGHS}
{Please Tick Services if you belong to any specific organized service}
3. Name of Department / Service :- Ministry of Communiation & IT, Deptt. Of Telecommunication
4. Designation ☐ Gazetted ☒ YES ☐ Non-Gazetted
5. Scale of Pay:- --Select Pay Matrix (7 CPC)-- Present Pay:- 17350 rs.
6. Last Pay / Basic Pension (in case of Pensioners):-
7. Official Address:- , KOLKATA Pin:-
8. Residential Address:- 429 LAKE GARDEN, PO LASKARPUR , SONARPUR, 24 PGS SOUTH,KOLKATA Pin:- 700153
9. Telephone Number: (O) (R) 9477761543 (M) 919477761543
10. E-mail Id:-
11. Date of Superannuation: _ _ / _ _ / _ _ _ _ (Date / Month / Year)
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 before filling up this column)

S.No	Name of Family Member	Relationship to CGHS Card Holder	Date of Birth	Blood Group (Optional)	Mobile No
1.	ASHIM KIMAR ROUTH	SELF	15-01-1961	ab+	9477761543
2.	RATNA ROUTH	WIFE	13-11-1969		9477761543
3.	SWATI KARMAKAR	DIVORCED DAUGHTER	16-11-1991		9477761543

{# Please attach Proof of age of Persons mentioned above} (P.T.O.)

16. Are all the persons whose names are given above are dependant upon you and are residing with you? Yes / No
{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.

S.No.....	S.No.....	S.No.....	S.No.....	S.No.....
S.No.....	S.No.....	S.No.....	S.No.....	S.No.....

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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.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

Encl. Proof of Residence / Stay of dependents

Proof of age of son/ Disability certificate

Surrender Certificate of CGHS Card while in service

Attested copies of PPO & Lasr Pay Certificate

Signature of Applicant.

(TO BE FILLED BY THE SPONSORING AUTHORITY)

The information furnished by the applicant has been verified and found to be correct. It is recommend 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 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 Tel. Number

Verified — by Authorized Signatory, CGHS(HQ)
Signature with Stamp (for CGHS pensioners making card First Time)

To
Chief Medical Officer i/c, CGHS Dispensary No.