

कार्यालय – प्रधान निदेशक लेखापरीक्षा, वित्त एवं संचार, दिल्ली-110054

सं प्रशा.-III/आदेश/परिपत्र /Vol-III/2022-23/153-167

दिनांक: 20/08/2024

सेवा मे,

1. निदेशक/उपनिदेशक  
प्रभारी लेखा परीक्षा अधिकारी,  
वित्त एवं संचार लेखा परीक्षा,  
(सभी शाखा कार्यालय)
2. स्थापना अनुभाग, केन्द्रीय कार्यालय

विषय: Guidelines for Issue of CGHS Card to serving employees and pensioners - reg

महोदया/ महोदय,

उपरोक्त विषय पर मुख्यालय कार्यालय के अग्रोषण पत्र के तहत प्राप्त स्वास्थ्य एवं परिवार कल्याण मंत्रालय, नई दिल्ली के कार्यालय ज्ञापन सं. S.11012/1/2024-IHS (Comp. No. 8283407) I/3687003/2024 दिनांक 27.06.2024 आपको सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित है।

संलग्नक:यथोपरि।

व.ले.प. अधि. (प्रशासन-III)  
20/08/24

प्रतिलिपि: ई.एस.डबलू अनुभाग - कार्यालय वेबसाइट में अद्यतन हेतु प्रेषित।

भारत के नियंत्रक एवं महालेखापरीक्षक का कार्यालय  
9, दीन दयाल उपाध्याय मार्ग,  
नई दिल्ली-110 124



**No.45-Staff Entt.II/17-2024**  
OFFICE OF THE COMPTROLLER &  
AUDITOR GENERAL OF INDIA  
9, DEENDAYAL UPADHYAYA MARG,  
NEW DELHI - 110 124

दिनांक / DATE **09 AUG 2024**

To,

**All Heads of Department in IA&AD,  
Director (P)**

**Sub:** Guidelines for Issue of CGHS Card to serving employees and pensioners-reg.

**Sir/Madam,**

A copy of Ministry of Health & Family Welfare, New Delhi Office Memorandum No. S.11012/1/2024-EHS (Comp No.8283407)/I/3687003/2024 dated 27.06.2024 on the above subject is forwarded herewith for information.

**Encls:** As above.

Yours faithfully,

(Sonali Chatterjee)

**Sr. Administrative Officer/Staff Entt.II**



F. No. S.11012/1/2024-EHS(Comp No. 8283407)  
I/3687003/2024  
Government of India  
Ministry of Health & Family Welfare  
EHS Section

Nirman Bhawan, New Delhi  
Dated 27-06-2024

### OFFICE MEMORANDUM

**Subject: Guidelines for Issue of CGHS Card to serving employees and pensioners-reg.**

In continuation of this Ministry's OM No. S.11012/3/2011-CGHS(P) dated 29.12.2011, the undersigned is directed to issue the following guidelines, in view of technological changes and change in payment methods of CGHS Contribution, for issuing of CGHS cards to serving employees and pensioners, as follows:

#### A. Serving Employees

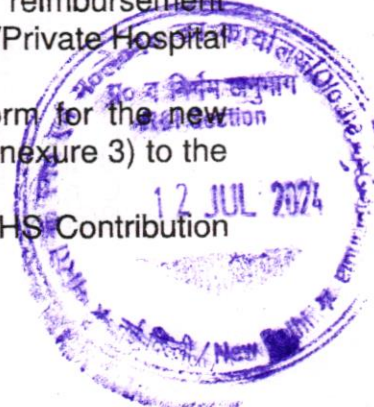
- Serving employees shall mandatory apply for a new CGHS card online ([www.cghs.nic.in](http://www.cghs.nic.in)) to generate a temporary reference number. After online submission of the application form, they should take a printout of the same and submit the hard copy duly signed and photographs affixed thereon, to the department currently employed, for processing and onward submission to the concerned Office of Additional Director, CGHS for issuing the cards. One copy is to be forwarded to the Additional Director of the concerned City and the other copy is to be retained by the Employer Department of the Central Government (hereinafter referred to as 'sponsoring authority') for CGHS benefits.
- The requisition shall be sponsored by the Head of Department/Head of Office of the employee.
- A Specimen copy of the application form for the New CGHS Card is enclosed at **Annexure-1**.
- CGHS shall scrutinize the application based on the documents provided:
  - Pay Slip indicating the pay scale and CGHS deduction
  - Aadhaar Card/PAN card or any other valid document as per RBI guidelines, as ID Proof for Self and Dependent Family Members.
  - Disability Certificate of Dependant (If applicable) as per OM No.4-24/96-C&P/CGHS(P)/EHS dated 07th May 2018. (Enclosed at **Annexure-2**)
  - Photographs of self and Dependant Family Members.

The Standard Operating Procedure is enclosed at **Annexure-3**.

#### B. Pensioners

- CGHS card(s) will be issued to eligible pensioners and family pensioners, drawing pension from Central Civil Estimate and his/her dependent family members, when the pensioner is not availing the Fixed Medical Allowance (FMA).
- The pensioners also has the option for availing Fixed Medical Allowance with a CGHS card (IPD Card) by paying the full subscription, however, the CGHS 'IPD only' card shall be valid only for 'cashless' indoor treatment at CGHS Empanelled Private Hospitals/designated Government Hospitals. The beneficiary of 'IPD only' CGHS card shall also be eligible for reimbursement of expenses incurred for indoor treatment at any Government/Private Hospital only in case of a Medical Emergency.
- The pensioners can submit his/her duly filled application form for the new Pensioner CGHS card, in the new Card Application Form (Annexure 3) to the Additional Director of CGHS city concerned.
- The applications shall be accompanied with payment of CGHS Contribution

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on Bharat Kosh, along with the Challan generated from Bharatkosh as proof of payment.

- e. The contribution (equivalent to 120 times i.e 10 years of existing CGHS contribution rate, at the time of retirement). The existing rates shall be as per the details provided below:

S. No.	Pay Level (7th CPC Pay matrix)	Contribution
1	Level 1 to 5	Rs. 30,000/- for whole life CGHS Card
2	Level 6	Rs. 54,000/- for whole life CGHS Card
3	Level 7 to 11	Rs. 78,000/- for whole life CGHS Card
4	Level 12 and above	Rs. 1,20,000/- for whole life CGHS Card

f. CGHS shall scrutinize the application based on the documents provided:

- Self-attested PPO/ Provisional PPO or Last pay certificate
- Aadhaar card ID/PAN card or any other valid document as per RBI guidelines as ID proof for Self and dependent family members
- Disability Certificate of Dependant (If applicable)
- Photographs of self and dependent Family Members.
- Copy of Bharat Kosh Challan for CGHS subscription paid
- Proof of availing/non-availing FMA (if applicable).

The Standard Operating Procedure is enclosed in **Annexure-3**.

g. Retiring employees have the option to apply for a pensioner card along with pension papers 6 months before the date of Retirement (Online as a pensioner new card). The office shall observe the same procedure as for a serving employee for getting his/her CGHS card(s) prepared.

**C.** Consequent to verification of CGHS Card, the electronic form of CGHS card shall be accessible to the beneficiary using the option of 'Beneficiary Login' on CGHS Website, myCGHS app & Digilocker app for Android/iOS-based mobile devices. The electronic CGHS card shall be at par with CGHS plastic Card for availing benefits. The authenticity of CGHS card can be verified using the option of 'Verify beneficiary' available on CGHS Website ([www.cghs.nic.in](http://www.cghs.nic.in)).

**D.** For the issue of a new CGHS plastic card upon mutilation, renewal or loss of the CGHS Card, application Form AA or BB (**Annexure 4 & 5**) along with the Bharatkosh Payment challan for **Rs. 100/-** shall be submitted for issuing a new card to the concerned Additional Director. To encourage the CGHS beneficiaries to use digital CGHS cards, it has also been decided that No fee shall be levied, in case the beneficiary opts for renewal/reissue of card without a fresh printed plastic card.

**E.** The Instructions issued for the CGHS beneficiaries from Member of Parliament, Ex-Member of Parliament; eligible Autonomous Institutions, Air India and PIB accredited Journalists shall remain as per extant rules.

**F.** The CGHS Beneficiary shall inform CGHS immediately, if there is any change in dependency criteria of his family members included in the CGHS Card. If he fails to intimate and if CGHS comes to know of the change, then the CGHS facility is liable to be withdrawn and the CGHS shall be free to write to

the appropriate authority for recommending action under Service Rules or Pension Rules.

These guidelines issues with the approval of the competent authority and these guidelines shall be effective from one month from the date of issue.

Encl: As above.

Signed by

Hemlata Singh

Date: 01/02/2010 10:21

Under Secretary to the Government of India  
Tel No. 011-23061778

To

1. All Ministries and Departments of the Government of India through CGHS website
2. Addl. Director, CGHS(HQ)/ Addl. DDG(CGHS)/ Addl. Directors, CGHS of Cities / Zone.
3. All CGHS Wellness Centres through concerned AD, CGHS
4. LACs/ ZACs through Addl. Directors, CGHS
5. DDG NIC Health looking after CGHS applications.
6. Sh. Jitendra Singh, CDAC, Noida with the request to create functionality of card application through Mobile application and Web portal integrated with Payment gateway of Bharat Kosh (NTRP).
7. MCTC, CGHS with the directions to upload the document on CGHS Website ([www.cghs.gov.in](http://www.cghs.gov.in)).
8. All Pensioner Associations

Copy of Information to:

1. PPS to Secretary (H&FW), MoHFW
2. PSO/Senior PPS/PPS/PS to Secretary (Personnel), DoPT, MoPPG&P
3. PSO/Senior PPS/PPS/PS to Secretary (DARPG & DoPPW), MoPPG&P
4. Senior PPS to AS & DG CGHS
5. PPS to JS (MoHFW), CGHS





**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

Signature of Applicant:

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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 6weeks'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)



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## 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)

- |  |                         |
|--|-------------------------|
| 1. Blindness                                     | blindness               |
| 2. Low-vision                                    | 20. Acid Attack victim  |
| 3. Leprosy Cured persons                         | 21. Parkinson's disease |
| 4. Hearing Impairment (deaf and hard of hearing) |                         |
| 5. Locomotor Disability                          |                         |
| 6. Dwarfism                                      |                         |
| 7. Intellectual Disability                       |                         |
| 8. Mental Illness                                |                         |
| 9. Autism Spectrum Disorder                      |                         |
| 10. Cerebral Palsy                               |                         |
| 11. Muscular Dystrophy                           |                         |
| 12. Chronic Neurological conditions              |                         |
| 13. Specific Learning Disabilities               |                         |
| 14. Multiple Sclerosis                           |                         |
| 15. Speech and Language disability               |                         |
| 16. Thalassemia                                  |                         |
| 17. Hemophilia                                   |                         |
| 18. Sickle Cell disease                          |                         |
| 19. Multiple Disabilities including deaf         |                         |

**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





No. 4-24/96-C&P/CGHS (P)/EHS  
 Government of India  
 Ministry of Health & Family Welfare  
 Department of Health & Family Welfare  
 EHS Section  
 \*\*\*\*\*

Nirman Bhawan, New Delhi  
 Dated: the 7th May, 2018

OFFICE MEMORANDUM

**Subject: Eligibility of Permanently Disabled Unmarried Son of a CGHS Beneficiary to avail CGHS facility - Reg.**

The undersigned is directed to refer to this Ministry's Office Memoranda of even number dated 31.05.2007, 29.08.2007 and 02.08.2010 vide which the entitlement of the son of a CGHS beneficiary beyond the age of 25 years was conveyed. As per the two Office Memoranda under reference, it was indicated that an unmarried son of a CGHS beneficiary suffering from any permanent disability of any kind (physical or mental) will be entitled to CGHS facility even after attaining the age of 25 years.

2. Since then this Ministry is in receipt of several representations for inclusion of more conditions in view of modification to the PwD Act, 1995 by "**The Rights of Persons with Disabilities Act, 2016 (Act No. 49 of 2016)**" as notified by M/o Law and Justice, Govt. of India on 27.12.2016. The matter has been reviewed by the Ministry and it is now decided that for the purpose of extending the CGHS benefits to dependent unmarried son of CGHS beneficiary beyond 25 years of age, the definition of 'Permanent Disability' shall include the following conditions:

**I. Physical disability:**

**A. Locomotor disability including**

- a) **Leprosy cured person-** suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity or suffering from manifest deformity and paresis or having extreme physical deformity as well as advanced age which prevents him/her from gainful occupation
- b) **Cerebral palsy** – caused by damage to one or more specific areas of the brain usually occurring before, during or immediately after birth.
- c) **Dwarfism-** a medical genetic condition resulting in an adult height of 147 cms or less;
- d) **Muscular dystrophy-** a group of hereditary genetic muscle diseases characterized by progressive skeletal muscle weakness
- e) **Acid attack victims** – disfigured due to violent assaults by throwing acid or similar corrosive substance

**B. Visual impairment:**

- a) **Blindness-** where a person has any of the following conditions after best correction:
  - (i) Total absence of sight or
  - (ii) Visual acuity less than 3/60 or less than 10/200(Snellen) in the better eye with best possible correction
  - (iii) Limitation of field of vision subtending an angle of less than 10 degree
- b) **"Low vision"** means any of the following conditions:
  - (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 upto 10/200

- (ii) (Snellen) in the better eye with best possible corrections; or  
limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree

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### C. Hearing Impairment

- (a) "deaf" means persons having 70 db hearing loss in speech frequencies in both ears;  
(b) "hard of hearing" means persons having 60 db to 70 db hearing loss in speech frequencies in both ears;

D. "Speech and Language disability" – permanent disability arising out of conditions such as Laryngectomy or aphasia affecting one or more components of speech and language due to organic or neuronal causes.

II. **Intellectual disability**- characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which cover a range of every day, social and practical skills, including-, social and practical skills, including-

- (a) "Specific language disabilities" – a heterogeneous group of conditions wherein there is deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do the mathematical calculations and includes conditions such as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia  
(b) "Autism spectrum disorder" – a neuro-developmental disorder typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and frequently associated with unusual or stereotypical rituals or behaviour.

### III. Mental behaviour

"Mental illness"- a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation.

### IV. Mental Retardation

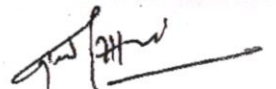
#### V. Disability caused due to

- (a) **Chronic neurological conditions** such as  
(i) Multiple Sclerosis  
(ii) Parkinson's disease  
(b) **Blood disorder**  
(i) Haemophila  
(ii) Thalassemia  
(iii) Sickle Cell Disease

VI. **Multiple Disabilities ( more than one of the above disabilities)**- including deaf blindness

3. Bench Mark Disability- unmarried permanently disabled and financially dependent sons of CGHS beneficiaries suffering 40% or more of one or more disabilities as certified by a Medical Board shall be eligible to avail CGHS facilities even after attaining the age of 25 years.

4. This OM will be effective from the date of its issue.



(Rajeev Attri)  
Under Secretary to the Govt. of India  
Tel: 011-2306 1883

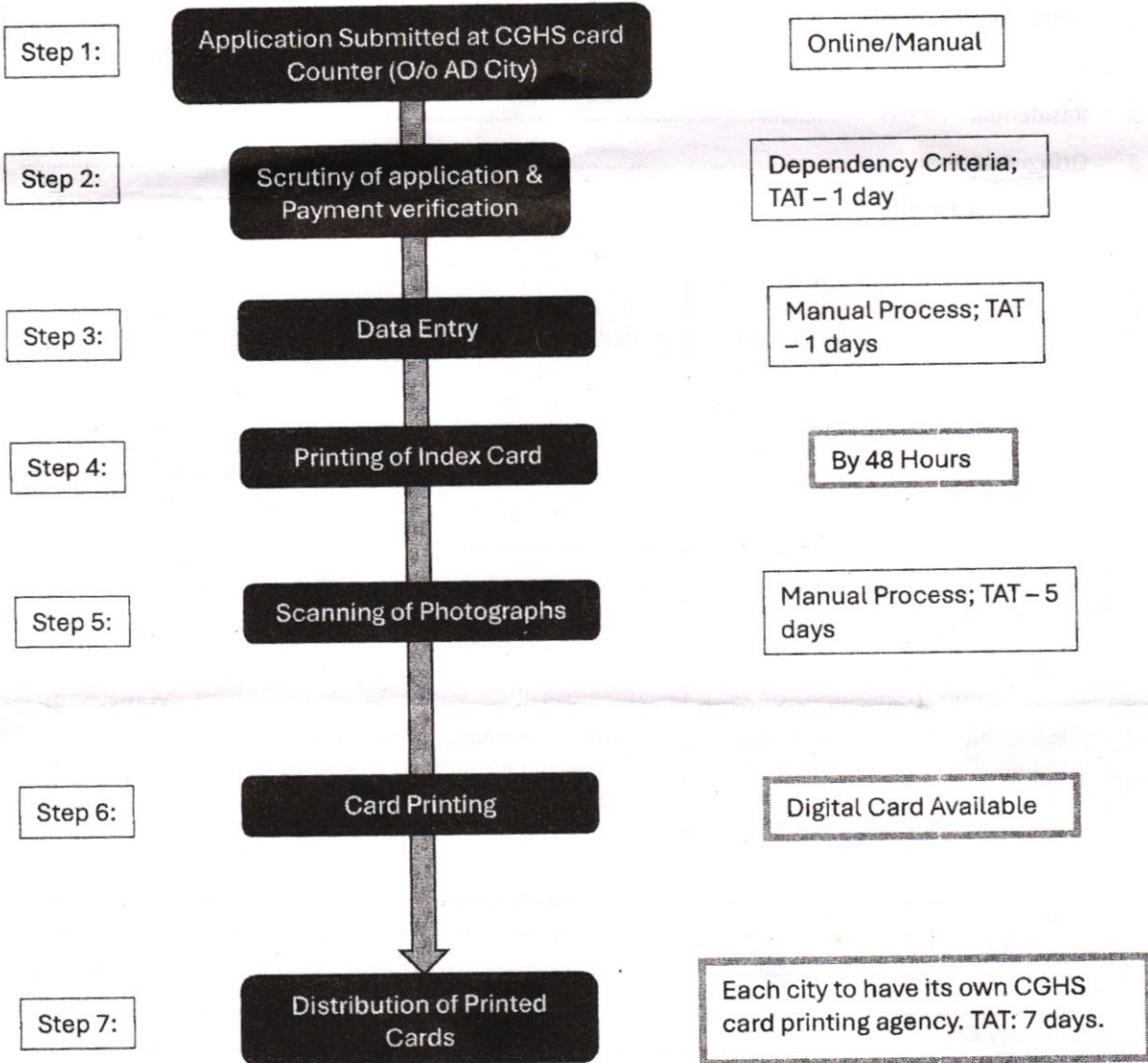
To

- 1) All Ministries/Departments, Government of India



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- 2) Director, CGHS, Nirman Bhawan, New Delhi
  - 3) Addl. DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
  - 4) AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
  - 5) All Addl. Directors/Joint Directors of CGHS cities outside Delhi
  - 6) Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), MCTC CGHS, New Delhi
  - 7) JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
  - 8) DDG(M) /CMO(SRA), Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
  - 9) Rajya Sabha/Lok Sabha Secretariat, New Delhi
  - 10) Registrar, Supreme Court of India, New Delhi
  - 11) U.P.S.C. Dholpur House, New Delhi
  - 12) Office of the Comptroller & Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi - 24
  - 13) Director, Department of Pension & Pensioners Welfare, Lok Nayak Bhawan, Khan Market, New Delhi
  - 14) PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
  - 15) PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi
  - 16) MS Section, MoHFW, Nirman Bhawan, New Delhi
  - 17) MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi
  - 18) Hospital Empanelment Cell, CGHS, MoHFW, Nirman Bhawan, New Delhi
  - 19) CGHS-I/II/III/IV, Dte. Gen of CGHS, MoHFW, Nirman Bhawan, New Delhi
  - 20) Estt.I/Estt.II/Estt.III/Estt.IV Section, MoHFW, Nirman Bhawan, New Delhi
  - 21) Admn.I/Admn.II Section, Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
  - 22) Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
  - 23) All Officers/Sections/Desks in the Ministry
  - 24) Deputy Secretary (Civil Service News), Department of Personnel & Training, 5<sup>th</sup> Floor, Sardar Patel Bhawan, New Delhi
  - 25) Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
  - 26) All Staff Side Members of National Council (JCM)
  - 27) ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi - 110001
  - 28) Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
  - 29) Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
  - 30) UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
  - 31) Sr. Technical Director, NIC, MoHFW, Nirman Bhawan, New Delhi with the request to upload this OM on the Ministry's website under the link of CS (MA) Rules - OMs and Circulars
  - 32) Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
  - 33) Guard file

### Decentralization of card Printing



**Legend**  
- TAT - Turnaround Time  
- AD - Additional Director  
- DDO - Drawing and Disbursing Officer



**CENTRAL GOVERNMENT HEALTH SCHEME**  
**Application Form for Renewal of CGHS Card (Serving)**

1. **Name of the applicant:** \_\_\_\_\_ **CGHS Card No.:** \_\_\_\_\_
2. **Basic Pay/ Grade Pay as per salary slip:** \_\_\_\_\_
3. **Ward Entitlement:** \_\_\_\_\_
4. **Contact No.:** \_\_\_\_\_ **Email ID:** \_\_\_\_\_
5. **Residential Address:** .....
6. **Office Address:** .....
7. **Details of Family:**

Paste ID size photograph of dependent family member here	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				
Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				

**DECLARATION**

I hereby declare that the statements made above are true and correct and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

**Dated:** .....**Signature of CGHS card holder** .....**FOR OFFICIAL USE**

The information and family dependent details furnished by the applicant has been verified and found to be correct and copy of salary slip (attested by authority) for CGHS subscription has been attached with this form.

**Dated:** .....

CGHS Wellness Centre

**Signature of CMO I/c/  
Dealing Assistant (with seal)**

Form BB

**CENTRAL GOVERNMENT HEALTH SCHEME**  
**Application Form for Renewal of CGHS Card (Pensioners)**

1. **Name of the applicant:** \_\_\_\_\_ **CGHS Card No.:** \_\_\_\_\_
2. **Basic Pension / Grade Pay as indicated in PPO / LPC:** \_\_\_\_\_
3. **Ward Entitlement:** \_\_\_\_\_
4. **Contact No.:** \_\_\_\_\_ **Email ID:** \_\_\_\_\_
5. **Residential Address:** .....
- .....

6. **Details of Family:**

Paste ID size photograph of dependent family member here	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				
Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				

Bharatkosh Transaction Challan No.....dated ..... paid to PAO .....

for Rs .....(Amount in words).

Attach copy of Bharatkosh Transaction Challan with this form.

**DECLARATION**

I hereby declare that the statements made above are true and correct and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

**Dated:** .....**Signature of CGHS card holder****FOR OFFICIAL USE**

The information furnished by the applicant has been verified and found to be correct and CGHS subscriptions and copy of Bharatkosh Transaction Challan for payment of CGHS subscription has been attached with this form.

**Dated:** .....

CGHS Wellness Centre

**Signature of CMO I/c/****Dealing Assistant (with seal)**



**INSTRUCTIONS**

- o Self- attested photocopy of old CGHS cards should be attached with the application form.
- o Definition of family under CGHS should be referred to prior to filling the details of family.
- o For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
- o A copy of salary slip/Appointment Order mentioning pay grade and address proof of residence / affidavit (in case of change in address) should be attached.

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,
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishopore
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

### INSTRUCTIONS

- Self- attested photocopy of old CGHS cards should be attached with the application form.
- Definition of family under CGHS should be referred to prior to filling the details of family.
- For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
- A copy of the PPO or LPC, and address proof of residence / affidavit (in case of change in address) should be attached.
- 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 below table for peripheral city 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, Tirunalveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada,
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishopore
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