**Form AA**

**CENTRAL GOVERNMENT HEALTH SCHEME**

**Application Form for renewal of CGHS card (serving employee)**

|  |  |
| --- | --- |
| 1. Name of the applicant :
 | 1. CGHS Card No.:
 |
| 1. Name of the Department/Office :
 | 1. Ward Entitlement :
 |
| 1. Basic Pay:
 | 1. Pay Level :
 |
| 1. Designation:
 | 1. Contact No.:
 |
| 1. Residential Address :
 | 1. Email ID :
 |
| 1. Details of Family :
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Photo |  |  |  |  |
| Name |  |  |  |  |
| Relationship |  |  |  |  |
| D.O.B |  |  |  |  |
| Photo |  |  |  |  |
| Name |  |  |  |  |
| Relationship |  |  |  |  |
| D.O.B |  |  |  |  |

**DECLARATION**

I hereby declare that the statements made above are true and that the person 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 are being deducted every month from the salary of the applicant.

|  |  |
| --- | --- |
| **Name of the Sponsoring authority/office** | **Signature (with seal)** |
| **Tel No.** | **Dated:** |

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**IMPORTANT**

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