

Central Govt. Health Scheme केन्द्रीय सरकार स्वास्थ्य सेवा

Application for errors in Plastic Card

प्लास्टिक कार्ड में त्रुटियों के लिए आवेदन

Name of Beneficiary:

लामार्थी का नाम

Ben ID No..

लामार्थी का पहचान पत्र सं.

Name of Family Member:

परिवार के सदस्य का नाम

Dispensary

औषधालय

Nature of Error/Correction required

त्रुटिका स्वरूप/अपेक्षित शुद्धि

Contact Phone No.....

सम्पर्क फोन नं.

Signature of Applicant

आवेदक के हस्ताक्षर

Returned Old Plastic Card & Received New Card

पुराना प्लास्टिक कार्ड लौटाया और नया कार्ड प्राप्त किया

Signature of Applicant

आवेदक के हस्ताक्षर

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN : NEW DELHI

TRANSFER OF DISPENSARY

1. C.G.H.S. Card No. :
2. Name of the Govt. Servant :
& Telephone No.
3. Ministry/Deptt./Office : INDIAN COUNCIL OF
AGRICULTURAL RESEARCH
4. Previous residential address :
and dispensary from which
transferred.
5. New Residential address :
6. Signature of Govt. Servant :
New Dispensary allotted by :
the issuing authority
7. Signature & Designation of :
issuing authority with
telephone no.
8. Signature of Medical Officer :
Incharge Dispensary from
which transferred
10. Signature of Medical Officer :
Incharge Dispensary to which
transferred.

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN : NEW DELHI

APPLICATION FOR PERMANENT CGHS INDEX/IDENTITY CARD

1. Name of the applicant :
(in full & Block letters)
2. Designation :
3. Name of the Section in which :
working and Room No. and
Telephone No.
4. Whether fresh appointment :
or on transfer from other
Central Government Office
5. Date of joining the ICAR :
Hqrs.
6. Name of the previous office :
(full postal address)
7. Whether he/she was issued :
any CGHS Card/Temporary
Family Permit, by his
previous office. If so,
its number date and name
of the Issuing Authority
(In case the card was issued
consequent on the earlier
card having become mutilated
or having been lost, this
face may also be indicated).
8. Residential Address in Delhi :
9. Details of family members (including self)

S.No.	Name	Date of Birth	Relationship

Signature of the applicant
Date :

Forwarded to the Estt.III Section, ICAR for necessary action.

Signature of the forwarding officer

Designation :

Estt.III Section, ICAR

TRANSFER OF DISPENSARY/औषधालय का स्थानांतरण
ADDRESS CHANGE / पता बदलना

1. सी.जी.एच.एस. कार्ड सं० / C.G.H.S. Card No : _____
2. सरकारी कर्मचारी का नाम एवं टेलीफोन नम्बर /
Name/Tel. No. of the Govt. Servant : _____
3. मंत्रालय / विभाग / कार्यालय : भा. कृ. अनु. प.
Ministry/Deptt./Office : I C A R
4. निवास का पुराना पता जहां से स्थानांतरण करवाना है
Previous residential address from which transferred : _____
5. नया आवासीय पता / New Residential Address : _____
6. कर्मचारी के हस्ताक्षर / Signature of Govt. Servant : _____
7. जारी करने वाले प्राधिकारी द्वारा आवंटित नया औषधालय /
New dispensary allotted by the issuing authority : _____
8. जारी करने वाले प्राधिकारी के हस्ताक्षर एवं पदनाम टेलीफोन नम्बर सहित /
Signature & Designation of issuing authority with telephone no.: _____
9. जहां से स्थानांतरण चाहिए उस औषधालय के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर /
Signature of Medical Officer Incharge Dispensary from which transferred: _____
10. जहां स्थानांतरित किया जाना है उस औषधालय के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर /
Signature of Medical Officer Incharge dispensary to which transferred: _____

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAWAN : NEW DELHI

APPLICATION FOR FINAL PAYMENT OF GSLIS DUES

1. Name of Applicant : _____
(In Capital Letters)
2. Permanent Address in full : _____

3. Group No. : _____
4. Salary Grade : _____
5. Date of Birth : _____
6. Date of Appointment : _____
7. Date of Transfer to ICAR : _____
Hqrs. (in case of transfer only)
8. Date of Retirement/ : _____
Resignation/Death
9. Date of entry into the GSLIS : _____
Scheme
10. Monthly contribution at the : _____
time of entry into the scheme
11. Date of change(s) of category : _____
(*details/dates of various
promotions etc.*)

Date :

Signature of Applicant.....

Designation/Relation.....

Permanent Address.....

Phone.....

Email.....

**APPLICATION FORM FOR PERMISSION FOR GETTING TREATMENTS /
INVESTIGATIONS DONE FROM CGHS RECOGNIZED
PRIVATE HOSPITALS / DIAGNOSTIC CENTRES**

S. No	PARTICULARS		
1	Name of CGHS Beneficiary & Card No.		
2	Designation of CGHS Beneficiary		
3	Basic Pay/Pension + Dearness Pay/Relief of CGHS Beneficiary		
4	Detail of the Patient and Relationship with the CGHS Beneficiary		
	Name of patient	Relationship	CGHS Card No.
5	Name of Hospital / CGHS Dispensary which has prescribed Treatment/ Investigation	Date of Prescription	Name(s) of Treatment / Investigations required.
6	Name and address of CGHS recognized Hospital / Diagnostic Centre from where treatment/investigations are to be done		

* I undertake that family member(s) as indicated above is/are dependent upon me and his/her/their income from all sources does not exceed to Rs.3500/- (as per instructions vide OM No. S.11015/10/2011-CGHS (P) dated 13.7.2011). If there is any discrepancy, I shall be fully responsible for the same.
(*strike off if not applicable)

Note : Spouse does not come under this category i.e. income of Rs.3500/-

Dated: _____

Signature of Applicant

Name of Applicant _____

Designation _____

Telephone No. _____

P.S. : Kindly attach the photocopy of CGHS Card and prescription slip.

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN : NEW DELHI

DEPENDENCY CERTIFICATE IN RESPECT OF PARENTS/CHILDREN

Reference O.M. No. 7-84/83-C&P Sec./CGHS-1777-2277 dated 19.12.87.

1. I hereby declare that my father/mother namely _____ is/are wholly/mainly dependent upon me and he/she/they normally reside with me in Delhi/New Delhi.
2. I also certify that the total monthly income of my father/mother does not exceed my pay plus dearness pay (where applicable) and that it does not exceed Rs3500/- per month.
3. I certify that my son namely _____ age _____ years is un-employed and un-married and wholly dependent on me.
4. I certify that my daughter/widow daughter namely _____ age _____ years is un-married and un-employed and wholly dependent on me.
5. I certify that my wife/husband namely _____ is not employed in any Govt. Offices/Semi-Govt. and Organisation.
6. I certify that my brother/sister/widow sister namely _____ age _____ years is un-married and un-employed and wholly dependent on me.

Signature of the applicant

FORM –A**APPLICATION FOR CGHS CARD FOR SERVING EMPLOYEES OF CENTRAL GOVERNMENT**

1. Name of the Applicant:
2. Category -- Departmental ☐ Services ☐
 { 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
4. Name of the Service.....
 (in case of All India / Central Services – IAS/IPS. Etc.,)
5. Designation ☐ Gazetted ☐ Non-Gazetted
5. Pay Band Present Pay Grade Pay.....
 (for Serving Employees)
7. Official Address :
8. Residential Address:
9. Telephone Number: (O) (R) (M)
10. e-mail ID
11. Date of Superannuation: ____/____/____
 Date Month Year
12. Are you on Deputation (Central Deputation) Yes / No
13. If yes, likely date 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	Name in Hindi	Relation ship to CGHS Card Holder*	Date of Birth# (Compulsory)	Blood Group (optional)
			Self		

{# Please attach Proof of age of Persons mentioned above}

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., }

CGHS Card No while in service : -----

APPLICATION FOR CGHS CARD for PENSIONERS OF CENTRAL GOVERNMENT

1. Name of the Applicant: -----

2. Category Pensioners ☐ Others (Pl.Specify) ☐

3. Name of Department / Service from where retired

4. Last Pay ----- Basic Pension : -----
(in case of Pensioners)5. Residential Address:-----

6. Telephone Number: (R) (M)

7. e-mail ID -----

8. Date of Superannuation: --/--/--
Date Month Year

9. Details of Family

{* Please see definition of Family before filling up this column}

S.No.	Name of Family member	Name in Hindi	Relation ship to CGHS Card Holder* Self	Date of Birth# (Compulsory)	Blood Group (optional)

{# Please attach Proof of age of Persons mentioned above}

10. 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., }