

JAWAHLAL NEHRU UNIVERSITY
APPLICATION FOR CGHS CARD FOR SERVING EMPLOYEE
(To be filled in duplicate)

Applying for New CGHS Card -New Appointment/Change of Address/ Duplicate Card/ Deletion/ Addition Etc.

Beneficiary ID/ CGHS CARD No.

1. Name of the Applicant: Employee ID No.....
2. Category: Departmental Services Pensioners Others(Pl. specify) **JNU-Autonomous**
 {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 Service
 (In case of All India/Central Services-IAS/IPS etc.)
5. Designation Gazetted Non-Gazetted
6. Pay Band Present Pay Grade Pay.....
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 of 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 including Self	Relationship to CGHS Card Holder*	Date of Birth# Compulsory	Blood Group (Optional)
1		Self		

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

16. Are all the persons whose names are given above are dependent upon you and are residing with you ? Yes / No
 (Please attach proof of their staying with you, like copy of Ration Card/Election ID/Passport/Identity Card issued by College/School/University/Bank Pass Book etc.)

16 (A). I hereby declare and undertake that:-

- (a) My dependent family member(s) is/are mainly residing with me.
- (b) Dependent son/brother (minor)/ sister is/are un-married and not engaged in any gainful employment.
- (c) The monthly income of my dependent Father/Mother/Father-in-law/Mother-in-law, parents from all sources is less than Rs. 3500/- P.M.

I also undertake that, if any of the information furnished by me is found to be incorrect, necessary disciplinary action may be taken against me as per service rules.

Dated: _____

(Signature of Applicant)

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..... Name:	S. No..... Name	S. No..... Name	S. No..... Name
S. No..... Name:	S. No..... Name	S. No..... Name	S. No..... Name

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 corrected 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
Pay certificate/Slip**

(Signature of Applicant)

FOR USE IN THE ESTABLISHMENT SECTION JNU

The information(s) furnished against Columns 1 to 17 are verified and is correct.

S.O./A.R./ D.R.

(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 Designationin this Ministry/ Department/ Organization. Instructions have been 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
The Additional Director, CGHS(HQ), Sector-12, R.K. Puram, New Delhi-110022.