Form AA

CENTRAL GOVERNMENT HEALTH SCHEME

Application Form for Renewal of CGHS card (Serving Employees)

1. Name of the applicant — CGHS Card No.:
2. Name of the Department/Office
3. Pay Band: — Pay in Pay band (excluding Grade pay): — Grade Pay:
4. Designation: — Ward Entitlement : — Contact No. :
5. Residential Address — Email ID :
6. Details of Family:-

Photo				
Name				
Relationship				
D.O.B				
Beneficiary ID				
Photo				
Name				
Relationship				
D.O.B				
Beneficiary ID				

DECLARATION

I hereby declare that the statements made above are true 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**

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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

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