**APPLICATION FOR ISSUE OF CGHS/MEDICAL CARD TO SERVING EMPLOYEES**

1. Name of the Applicant:

1. Pay in Pay Matrix **Basic Pay Rs.** Pay Level No.
2. Name of Department in which serving : **ICMR-NIIRNCD, Jodhpur**

4. Full address of Office: **New Pali Road Jodhpur, 342005**

5. Residential Address:-

6. Telephone Number :- ( R )………………. (Mobile) :

7. E-mail ID:-

1. Are you on deputation: **No**
2. Details of Family:-

(Please see definition of family before filling up. This column)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Family Member** | **Relationship to**  **CGHS Card Holder** | **Date of Birth (Compulsory)** | **Blood Group** | **Aadhar Card Number** |
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( # please attach proof of age and copy of Aadhar Card)

Paste one Passport size photograph of each member of Family (including self) whose names are proposed included as part of your family in the space given below duly attested by the Competent Authority of Department.

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |  |

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.

Date: Signature of Govt. Servant

# TO BE VERIFIED BY THE COMPETENT AUTHORITY OF THE DEPARTMENT

It is certified that the above family members are wholly dependent upon him.

Basic Pay Drawn as per 7th CPC Rs. per Month Entitlement: Ward.

The photographs have been attested separately as pasted above.

Phone No. Fax No. Email Id

Signature of Competent Authority of

Department with seal