

CENTRAL GOVERNMENT HEALTH SCHEME, JAIPUR

Kendriya Sadan Parisar, Block-B, Ground Floor, Sector-10, Vidhyadhar Nagar, Jaipur.
Phone No.0141-2235110/117/119, Fax No.0141-2235156. Email: ad.jp@cghs.nic.in

APPLICATION FOR ISSUE OF CGHS CARD TO SERVING EMPLOYEES

1. Name of the Applicant:.....
2. Pay in Pay Matrix Pay Level No.
3. Name of Department in which serving
4. Full address of Office:.....
5. Residential Address:-.....
.....Pin code.....
6. Telephone Number :- (R)..... (Mobile).....
7. E-mail ID:-.....
8. Are you on deputation: Yes / No
9. 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 #
		Self			

(# 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.

Name	Name	Name	Name
Name	Name	Name	Name

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 and CGHS contribution @ Rs._____ per month is being deducted from his salary or instructions have been issued to the DDO / Accounts Section of this office to deduct the CGHS contribution from the salary of the employees from the month of _____ Year_____

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

To,

The Additional Director, CGHS, Jaipur.

Monthly contributions for availing CGHS facilities

S.No.	Level drawn by the officer	Contribution Rs. Per month
1.	Level 1 to 5	250
2.	Level 6	450
3.	Level 7 to 11	650
4.	Level 12 and above	1000

Entitlement of ward in private hospitals empanelled under CGHS.

S.No.	Ward Entitlement	Basic Pay as per 7 th CPC
1.	General Ward	Upto Rs.47600/- per month
2.	Semi Private Ward	Rs.47601/- to Rs.63100/- per month
3.	Private Ward	Rs.63101/- and above

(A) Dependency:

Members of family (other than spouse) whose income is less than Rs.9000 + DA thereon per month are treated as dependents and are normally residing with the CGHS Cardholder.

(B) Documents required to attach with application form for issue of CGHS Card

1. Pay Slip showing CGHS contribution, preferably last month (self Attested).
2. Aadhar Card Photocopies of all members (Attested)
3. One Group Photograph (about 2 X 2.5 Inch size) of the family members including self whose names are proposed to be included in CGHS Card.
4. Surrender Certificate of CGHS Card, if any.
5. Details of dependent family members duly verified by the department.
6. Document of Proof of Residence.
7. Documents of age proof of dependents family members.
8. All the columns to be filled in by the sponsoring authority must be filled in invariably with signature and stamp.
9. Timing of issue of CGHS Card 11 A.M. to 4 P.M. except Lunch Time.

NOTE:-

1. CGHS Contribution must be deducted from the very month since the employee starts to reside in the covered area of CGHS.
2. Apply through proper channel. CGHS card may be collected from the O/o Additional Director, CGHS Jaipur after 2 working days of receiving the message in the mobile phone. You can take printouts of individual Smart CGHS cards through user id and password received in your mobile.