

**CENTRAL GOVERNMENT HEALTH SCHEME, JAIPUR.**

**APPLICATION FOR ISSUE OF CGHS CARD TO CENTRAL GOVT PENSIONERS**

1. Name of the Pensioner:.....

2. CGHS Card Number while in service

3. Name of Department from where retired .....

4. Last Pay in Matrix + Level No. :- .....

6. Residential Address:.....

.....

7. Telephone Number :- ( R )..... (Mobile).....

8. 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	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)

10. Are all the persons whose names are given above are dependant upon you and residing with you?

Yes / No

( Please attach proof of their staying with you, like copy of Ration Card / Election ID / Pass Port / Identify Card issued by College / School / University / Bank Pass Book, etc, )

9. Paste one ID Card size of photograph of each member of Family (including self ) whose names are proposed included as part of your family in the space given below.

S.No.	S.No.	S.No.
S.No.	S.No.	S.No.

I undertake to intimate to CGHS Immediately if there is any change in dependency criteria of my family member 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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and / or appropriate authority will be free to initiate any action agents me.

I Undertake to surrender the CGHS Card (s) on ceasing to be eligible for benefits.

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.

DD bearing No.....dated..... drawn on Bank.....

Branch ..... for Rs.....

Signature of Applicant.

To,

The Additional Director, central Govt. Health Scheme, Jaipur

**(A) Monthly contributions for availing CGHS facilities**

S.No.	Level drawn by the officer at the time of retirement	Contribution Rs. Per month	Amount for Life time Card
1.	Level 1 to 5	250	Rs.30000
2.	Level 6	450	Rs.54000
3.	Level 7 to 11	650	Rs.78000
4.	Level 12 and above	1000	Rs.120000

Note: Rs.30/- charged if card is not made within 3 months after retirement.

**(B) Entitlement of ward in private hospitals empanelled under CGHS.**

S.No.	Ward Entitlement	Basic Pay as per 7 <sup>th</sup> 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

**(C) Dependency:**

Members of family (other than spouse) whose income is less than Rs.3500 + DA thereon per month are treated as dependents and are normally residing with the CGHS Cardholder.

**(D) FOR POSTAL EMPLOYEES/PENSIONERS:** Who are residing/settled at Jaipur are entitled for CGHS facility.

**(E) Original Documents required at the time of issue of CGHS Card in addition to one set of zerox copy.**

1. The Bank Draft / Banker Cheque should be in favour of “**ADDITIONAL DIRECTOR, C.G.H.S., JAIPUR**”
2. Pension Payment Order (Attested)
3. Last Pay Certificate / Last Pay Slip (Attested)
4. Aadhar Card Photocopies of all members (Attested)
5. Two Passport size Group Photographs of whose names are to be written in CGHS Card.
6. Surrender Certificate of CGHS Card while in Service.
7. Details of dependent family members duly verified by the department except spouse.
8. Proof of Residence.
9. Documents of age proof of dependents family members.
10. Retirement order in case of All India Service Pensioner.
11. Death Certificate required in case of CGHS Card apply by Family Pensioner.
12. If Pensioner opt for Medical Allowance @ Rs.500/- per month he is entitled for Indoor Treatment only and if not opt for Medical Allowance both indoor and outdoor facility of CGHS can availed.
13. Timing of issue of CGHS Card 11 A.M. to 4 P.M. except Lunch Time.