

**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. :- .....
5. Residential Address:.....  
.....
6. Telephone Number :- ( R )..... (Mobile).....
7. 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 dependent 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.)

11. 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 If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and / or the appropriate authority will be free to initiate any action against me.

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

**BHARATKOSH RECEIPT DETAILS**

Transaction Ref. No..... Date and time .....

Rs..... (Copy of Receipt enclosed).

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.9000 + DA thereon per month are treated as dependents and are normally residing with the CGHS Cardholder.

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

1. The CGHS subscription amount may be deposited on the Government of India Receipt Portal **bharatkosh.gov.in** The process/steps for depositing CGHS contribution in Bharatkosh is available on the website of this office (**www.cghsjaipur.nic.in**) on Circulars Page. Option may be chosen as under;  
(a) **Ministry: Health and Family Welfare -017, (b) Purpose: Pensioner Contribution for CGHS Card- Lucknow, Jaipur, Meerat, Allahabad, Kanpur, Jabalpur. (c) PAO: 021721 (PAO LHMC & Hospital, New Delhi. (d) DDO: 121725 Dy.Dir.CGHS, Radhey Krishna Station, Jaipur.**
2. Pension Payment Order (self Attested)
3. Last Pay Certificate / Last Pay Slip (self Attested)
4. Aadhar Card Photocopies of all members (self Attested)
5. One (2"X2½" size) Group Photograph of the family members (including self\_ whose names are proposed to be included in CGHS Card.
6. Surrender Certificate of CGHS Card while in Service.
7. Documents of Proof of Residence.
8. Copy of Aadhar Card of every member duly self attested.
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 applying for CGHS Card by Family Pensioner.
12. If the Pensioner is receiving Fixed Medical Allowance @ Rs.1000/- per month, he is entitled for Indoor Treatment only and in case of not receiving Fixed Medical Allowance, he is entitled for both indoor and outdoor CGHS facility.
13. A Certificate from the Bank / Post Office to the effect that Fixed Medical Allowance @ Rs.1000/- is not being drawn in case PPO of the pensioner does not indicate / mention about the issue of Fixed Medical Allowance.
14. If the Pensioner is applying for CGHS Card after the three months of his/her retirement, a sum of Rs.30/- will have to be deposited extra as Late Fees besides the due amount of CGHS contribution.
15. Timing of issue of CGHS Card 11 A.M. to 4 P.M. except Lunch Time.