

	<p>कार्यालय रक्षा लेखा प्रधान नियंत्रक (सेना), 1, करियप्पा मार्ग, लखनऊ छावनी-226002 : Office of the Principal Controller of Defence Account (Army) 1, Cariappa Road, Lucknow Cantt.-226002 कार्यालय दूरभाष संख्या : 0522-2451547 कार्यालय फ़ैक्स संख्या : 052202 Office Phone NO. 0522-2451547 Office Fax NO. 0522-2451993</p>	
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E-mail

सं.: प्रशा.वे./II/समान्य पत्राचार

दिनांक : 16/02/2024

सेवा मे,

स्वचलन कक्ष
(स्थानीय)

O A call
2401

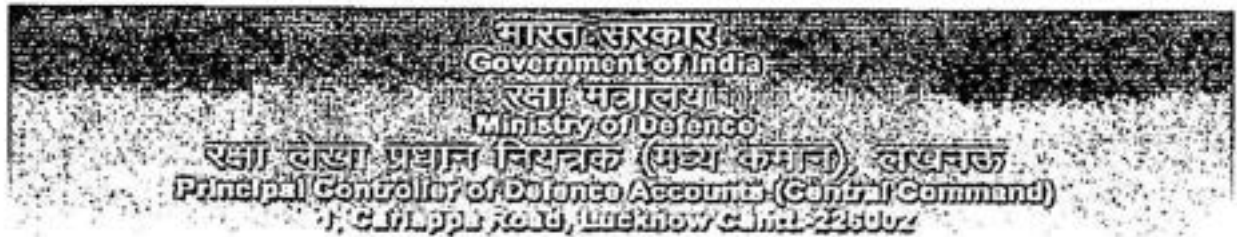
विषय : DAD से संबन्धित आवश्यक फॉर्म PCDA(Army) की वेब साइट पर उपलोड करने हेतु ।

उपरोक्त संबंध मे निम्नलिखित फॉर्म PCDA(Army) की वेब साइट पर उपलोड करने हेतु प्रेषित किया जाता है :

1. पहचान पत्र (Serving)
2. पहचान पत्र (Pensioner's)
3. Medical Advance
4. Medical Claim
5. TD & PT Advance
6. TA/DA(TD) Claim
7. TA/DA(PT) Claim
8. LTC Advance
9. LTC Claim
10. New CGHS Card Application
11. Addition/Deletion of Family in CGHS Card
12. Renewal of CGHS Card

FEB 2024

वरि लेखाधिकारी (प्रशा.वे. II)



FORMAT OF IDENTITY CARD

(For office use only)

IDENTITY CARD NO: - _____

PHOTOGRAPH

DATE OF ISSUE: - _____

1. Name of the Govt. Servant:- _____
2. Designation/Account No:- _____
3. Date of Joining / Superannuation:- _____
4. Father's / Husband's Name:- _____
5. Name of Office & Section :- _____
6. Height (In cms):- _____
7. Date of Birth:- _____
8. Age :- _____
9. Colour of Eyes:- _____
10. Colour of Hair:- _____
11. Blood Group:- _____
12. Identification Mark:- _____
13. Religion/Caste:- _____
14. Permanent Address:- _____
15. Local Address:- _____
16. Mobile/ Telephone No:- _____
17. Particulars of Previous I/Card:- _____
18. Reason for New I/Card:- _____
19. Part II Order No & Date:- _____
20. Signature:- (A) _____

Note: - Please Enclose One Photograph For I- Card, Surrender Certificate or Old I/Card & Part II Order Copy.

COUNTERSIGN

ISSUING OFFICER
(SR. ACCOUNTS OFFICER)
AN -PAY-II

No. 41/21/2000-P&PW (D)
Government of India
Min. of Pers. PG & P
Deptt. of Pen. & Pensioners Welfare
Dated: 16-11-2000

PENSIONER'S IDENTITY CARD

GOVERNMENT OF INDIA
MINISTRY OF DEFENCE

No. (For office use)

STAMP

Name:-

SIZE

Res Address:-

Telephone/Mob No:-

Blood Group:-

Signature of Card Holder:-

(REVERSE)

Date of Birth:-

Date of Superannuation/Retirement:-

Pay - level on Retirement:-

Post held on Retirement:-

Last Pay:-

P. P. O. No. & Date:-

Aadhaar No:-

Office from where Retired:-

Signature of Issuing Authority
With Seal

TO BE FILLED IN TRIPLICATE

I have the honour to request that I may please be granted an advance of Medical Rs.....(Rupees) as medical which are reimbursable under rules.

- 1. Name _____ A/C No. _____
Designation _____
- 2. Office: Controller of Defence Accounts (Central Command), Lucknow.
- 3. Permanent or Temporary.
- 4. Pay per month _____ Basic pay _____
- 5. Previous advance outstanding, if any _____
- 6. Particulars of surety (in case of temporary employees)
 - (a) Name _____
 - (b) A/C No. _____

(Surety Bond Attached)

Signature

Part II

(To be filled in by Medical Officer in charge of the Hospital)

- 7. Name of the patient and relationship : _____
with the applicant
- 8. Name of Disease : _____
- 9. Hospital in which patient is & Bed No.: _____
- 10. Likely duration of the stay as patient : _____
- 11. Date of admission as in patient : _____
- 12. Anticipated cost of treatment reimbursable under code head service advance rules.

Signature of Medical Officer

Date :

(Name in Block Letter)

CENTRAL GOVERNMENT HEALTH SCHEME**MEDICAL REIMBURSEMENT CLAIMS FORM**

(To be filled up by the Principal Card Holder in BLOCK LETTERS)

1. (a) Name of the Principal CGHS Card Holder :-
- (b) CGHS Ben ID NO. :-
- (c) Employee Code No. :-
- (d) Ward Entitlement - Pvt/Semi P/Gen. :-
- (e) Full Address :-
- (f) Mobile / Telephone No.& email add. :-
2. (a) Patient's Name :-
- (b) Patient's CGHS Ben ID No. :-
- (c) Relationship with the Principal CGHS C. Holder :-
3. Name & Address of the Hospital/Diagnostic/ Imaging center where treatment is taken or tests done :-
4. Whether the Hospital/diagnostic/Imaging Centre is Empanelled under CGHS :-
5. Treatment for which reimbursement claimed
 - (a) OPD Treatment/Test & Investigations :-
 - (b) Indoor Treatment :-
6. Whether treatment was taken in emergency :-
7. Whether Prior Permission was taken for the treat. :-
8. Whether subscribing to any health/medical insurance:- Scheme, if yes, amount claimed/received
9. Details of Medical Advance taken, if any :-
10. Total amount claimed :-
 - (a) OPD Treatment :-
 - (b) Indoor Treatment :-
 - (c) Tests/investigation :-
11. Name of the Bank **SB A/C NO.**
Branch MICR Code **IFSC Code**

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CG beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement a admissible under the rules.

Dated :-

Place : Lucknow

Signature of the Principal CGHS card Hol

वेतन/पात्रा भत्ता आदि का मांग-पत्र
REQUISITION FOR ADVANCES OF PAY/TA Etc.

रजा सेवा निरंतरक के ह० (सन्दी में हप्ते)
की राशि की वेतनी के रूप में प्राप्त की।
Received from the Controller of Defence Accounts.....the sum
of Rs.....(figures in words.....) on account of advances of.....

वायव्यकानूनकार टिकट लगाए
To be stamped where necessary

हस्ताक्षर/Signature.....
नाम/Name.....
बैंक/Bank.....
कोर या विभाग/Corps or Department.....

प्रतिहस्ताक्षर/Counter signed.....

- (i) वेतन दर/Rate of Pay
- (ii) संभलन का प्राधिकार पत्र (प्राधिकार पत्र की प्रति संलग्न करें)
Authority for the move (copy of the authority to be attached)
- (iii) हफ्टी के लिए स्थायी रूप से स्वामान्तरण करने पर और छुट्टी काका रिपामत के लिए परिवार का विवरण (बिध सन्धान, सीतेली सन्धान/माशा-पिता/बहन/भ्रमपल्ल भाई/सीतेली माशा जो अफसर के तान रहते हैं और इस रूप के अफसर आशित हैं और उनकी आयु)।
Details of family (legitimate child, step child/furont/his car/olator brother/step mother residing with and wholly dependent on the officer with their ages) for permanent duty leave
- (iv) निजी सामान का वजन/Weight of personal effects
- (v) कार आदि और वायुयान द्वारा सामान ले जाने के लिए प्राधिकार पत्र (संलग्न करें)
Authority for conveyance of car, etc., and of baggage by air (to be attached)
- (vi) दावा की गई वेतनी के विवरण/Details of advance claimed
- (vii) आशित/बैंकर आदि के पत्र में बैंक कारो लिए जात पर शुद्ध बैंक आशित का अपनी विन्मेषारी पर बिना लागता।
Cheque to be issued in favour of Self/Banker viz; open cheque desired at own risk
- (viii) लताक वर्ष/भारत में त्पायी पठा/पत्र का स्थान के विषे छुट्टी काका रिपामत।
LTC for the block year/home town/vice of choice.....in India.

नोट :- केवल छुट्टी काका भत्ता/पात्रा भत्ता/दिनिभ भत्ता आदि के संबंध में यह सूचना अपेक्षित है। अन्यथा इसे हटा दें।
Note :- This information is required in cases of LTC/T A/D A etc. only. In other cases this may be scored off.

रक्षा सेवा विभाग में इस्तेमाल के लिए / FOR USE IN THE DEFENCE ACCOUNTS DEPARTMENT

रु० पैसे (शब्दों में रुपये) की राशि के लिए पास किया।
 Passed for Ru. P. (Rupees in words.....)
 नीचे लिखे अनुसार अदायगी के लिए/For Payment as under :

खजाना Treasury	पैसे वाले का नाम Name of payee	चेक की राशि Amount of cheque	चेक की तारीख Date of cheque	डी सेक्शन के अधिकारी के हस्ताक्षर Initials of 'D' Section Officer	
				अनु० अधिक० (से०) से अधिक० SO (A)/A.A.O.	सेवा अधिकारी A. O.

मांग रजिस्टर की पृ० सं० नं० सं० पर नोट किया।
 Noted in D R Page..... Item.....

लेखा परीक्षक
Auditor

अनुपादक अधिकारी सेवा/सहायक सेवा अधिकारी
S.O./A.A.O.

सेवा अधिकारी/वरिष्ठ सेवा अधिकारी/सहायक रक्षा सेवा निष्पादक
A.O./S.A.O./A.C.D.A.

पंचिम माध्यम/PUNCHING MEDIUM .

महि
Month.....

रक्षा सेवा विभाग
CDA.....

अनुभाग
Section.....

बाउण्डर श्रेणी
Class of Vr.....

बाउण्डर संख्या
Vr. No.....

वर्गीकरण कोड Classification Code	प्राप्ति/Receipts		वर्गीकरण कोड Classification Code	प्रभार/Charges					
	आर (1)/R(1)	एन आर (2)/NR(2)		आ०सी (3)/C(3)	एन सी (4)/NC (4)	रु० Rs.	पै० P.	रु० RL.	पै० P.

प्रमाणपत्र-16 अर्मा/15-15-मानसूच-(एम-14)-5-1-2000-12,00,000.
 MGPFCs--16 Army/95-99-GPFC-(M-14)-5-1-2000-12,00,000.

अस्थायी कार्य (दौर) पर जाने हेतु दावे के संबंध में
CLAIM FOR MOVE ON TEMPORARY DUTY (TOUR)

दावेदार का नाम, रैंक तथा यूनिट :
Name, rank and unit of claimant:

कार्यालय/office:

मूल वेतन + ग्रेड वेतन : -
Basic Pay + Grade Pay: -

संचलन के आदेश : का.आ.स.
Orders for move: O.O. NO.

दिनांक:
Date:

प्राधिकार (यात्रा विनियमावली./पूरक नियमावली के नियम)
Authority (Rule in TR/SR): SR

स्थान जहाँ से यात्रा आरंभ की गई
Station from which journey commenced

प्रारंभ की तिथि/समय:
Date/Time of start:

(क) समय
(a) hrs.

सड़क, रेल, वायु, स्टीमर आदि मार्ग से यात्रा का व्यौरा तथा यात्रा/पट्टाव हेतु महंगाई भत्ता
Details of journey by Road, Rail, Air, Steamer, etc. and DA for journey/hall

पहुँचने के स्थान का नाम/ Name of the place arrived at	आगमन/Arrival		दूरी सड़क मार्ग से/ Distance by road in Km	गवाड़ी का माध्यम/वेर्षी/ Conveyance Mode/Class	प्रस्थान/Departure		न.क. की नं./ No. of DA (r)	सड़क मील भत्ता/महंगाई भत्ते की दर/ Rate of RM/DA	र./Rs.	१. /p	अव्युक्तिर्षी/ (प) Remarks
	दिनांक Date	समय Hours			दिनांक Date	बजे Hours					
बैंक स्वयंसेवक आदि के पक्ष में जारी किया जाए/ Cheque to be issued in favour of selfbankers etc.								कुल /Total: -			मुमान प्राप्त किया Received Payment
								अग्रिम राशि : Amount of advance			
								शेष/Balance: -			

रेल/वायु/सड़क/बस का नियत समय दर्शाएं
Indicate schedule Train/Air/Bus timing

प्रमाणित किया जाता है कि /Certified that

1. मैंने दावे में दी गई मार्ग की दूरी के लिए सरकारी वाहन का प्रयोग नहीं किया था।
I did not use Government transport for which road mileage allowance has been claimed.
2. प्रस्तुत बिल दर्शाई गई यात्रा के किसी भी हिस्से के लिए मैंने रेलवे वारंट रियायत वाउचरों का प्रयोग नहीं किया था।
I did not use railway warrant concession vouchers for any portion of journey for which bills preferred.
3. मुझे किसी भी प्रकार की मुफ्त भोजन और रहने के स्थान की सुविधा प्रदान नहीं की गई थी।
I was not provided with free boarding or lodging facilities.
4. जिन दिनों के लिए दैनिक भत्तों का दावा किया गया है मैं बाह्य स्थान पर प्रकृत रूप में ही नहीं बल्कि वास्तविक रूप में मौजूद था और मैं आकस्मिक छुट्टी या किसी अन्य प्रकार की छुट्टी पर नहीं गया।
I was actually and not merely constructively present at the outstation on the days on which DA has been claimed and I did not proceed on CL or any other leave during the period.
5. मैं पहले कभी इस प्रकार के किसी पाठ्यक्रम/परीक्षा में शामिल नहीं हुआ था।
I had not attended a previous similar course/examination.

स्थान/Station

दिनांक/Date

मही दावे के लिए प्रतिहस्ताक्षर
Countersigned as correct claim

यात्रा करने वाले अधिकारी के हस्ताक्षर
Signature of the officer traveling

दावे को प्रतिहस्ताक्षरित करने वाले अधिकारी के हस्ताक्षर तथा पदनाम
Signature and designation of the Officer countersigning the claim

भुगतान हेतु पास किया/Passed for payment

के पक्ष में/In favour of

खजाना/Treasury

आदाता/Payee

राशि/Amount

(लेखापरीक्षक)/Auditor

स.वे.अ.(प्रशा.)/AAO (AN)

वरि.ले.अ. (लेप.)Sr. AO (AT)

**TRAVELLING ALLOWANCE CLAIM FOR MOVES ON PERMANENT TRANSFER**

Details in respect of the Claimant

Name..... Corps/Office.....

Personal No..... Pay Account No..... Pay..... Rs.....

Transferred from..... Rule in TR / SR.....

No and date of letter. Pt. II orders, POR etc authorizing the move.....

Time Date and Place

Departure.....

Arrival.....

Details of family members

Total No.

Wife / husband / father / mother

Children / Sisters / Minor brothers

12 years and above

Over 3 years and under 12 years

3 years and below

Particulars of journey		Mode of Conveyance	Class	Distance	Rate	Rs.	P.
From	To						
Residence	Rly Station						
Rly Station	Rly Station						
Rly Station	Residence						
Daily Allowance	For Adults... For Minors						
Personal Effects							
Luggage	Weight						
Luggage							
Conveyance							
Cartage-Residence to Booking Office							
Booking Office to residence							
Transfer Grant							
Advance received from.....		in.....		Total.....			
Received payment Rs.....		P.....		(Rupees.....)			

Signature of the Claimant

Revenue Stamp

Cheque to be drawn on

.....
.....

*Actual time of departure and arrival and dated from Rly Station, Air Port etc. should be shown

**Details of members of family wholly dependent on Govt Servant for whom the claim is referred should be shown. (If claims are preferred separately, reference to earlier claim should be given)

I certify, that (i) the journeys set out on the reverse have actually been performed by the mode and class indicated against the relevant columns and distances stated in the claim are correct.

(ii) I certify that my legitimate child/children/step child/children/parent(s)/Unmarried Sister(s)/Minor brother(s) for whom fares etc. have been claimed reside(s) with me and is/are wholly dependent on me and that his/her/their individual income from all sources including pension (inclusive of temporary increase in pension and pension equivalent of death-cum-Retirement gratuity) does not exceed Rs. 250/- P.M.

(iii) I certify that no Govt. transport was provided for the journeys for which mileage and/or cartage have been claimed and that no Warrants, concession vouchers have been used by me/my family for which a claim has been preferred.

(Note :- Score out certificates/portions not applicable)

Station.....

Date..... (Signature of the Claimant).....
Countersigned as correct claim

(Signature of the Controlling Officer)

(Name, Rank & Appointment of Officer Countersigning the claim)

(FOR USE BY DEFENCE ACCOUNTS DEPARTMENT)

TA Audit Register Page..... Demand reg. Page.....

Classification.....

	Passed for Rs.....Rupees	Debt.	Vr No.....for.....
Receipts	Charges.....	Paid Rs.....	
	In favour of.....	Pay Cheque No.....Dt.....	
on.....Treasury	on.....on.....Treasury	

Auditor	SO(A)	AO/ACDA	Auditor	SO(A)	AO/ACDA
---------	-------	---------	---------	-------	---------

INSTRUCTIONS

1. Copies of sanctions (except secret or confidential) should be attached with the claim.
2. Sanction of competent authority where necessary should be attached.
3. Claim should be countersigned by the Controlling Officer at New Duty Station.
4. When journey is on Warrant, etc. full particulars should be given.
5. Receipt Vouchers in support of payment made for transporting luggage and other conveyance should be submitted with the claim.
6. The claim in adjustment of advance taken for the move should be submitted immediately after completion of journey.

APPLICATION FORM FOR GRANT OF LTC ADVANCE FOR BLOCK YEAR (.....)

1. Name of Govt Servant:.....
2. Account No:.....
3. Designation:.....म.....
4. Date of entering the Govt Service:.....
5. Date of Retirement:.....
6. Present Basic Pay:.....
7. Home town as recorded in service book :
8. Whether Permanent or Temp:.....
9. Whether Husband/Wife is employed if
So whether entitled to LTC:.....
10. If the concession is to visit "ANYWHERE IN INDIA" the
PLACE to be visited and BLOCK YEAR:.....
11. Whether the concession is to be availed for visiting HOME TOWN
And if so block for which LTC is to be availed:.....
12. Single Rail/Bus fare from HQRS to place of visit by shortcut
Route and distance from HQRS:.....
13. Person in R/o whom LTC is proposed :-

Sl No.	NAME	AGE	RELATION SHIP
1			
2			
3			
4			
5			
6			
7			

14. AMOUNT OF ADVANCE REQUIRED: Rs.....

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of advance.

In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of receipts of advance, I undertake to refund the entire advance in one lump sum. I shall be liable for disciplinary action and may forfeit my claim and get for another advance in case I fail to refund the amount of advance when not utilized.

15. No advance outstanding against me
 वयस्क बच्ची, माता-पिता का निर्भरता का प्रमाण-पत्र }
 विवाहित/बेरोजगार/साथ मे रहने का प्रमाण-पत्र }
 I have not availed this facility earlier.

Date:-_____

Signature

Place:_____

-2-

1. GPF A/c No :-
2. Nature of Leave :-
3. Leave Sanctioned :-

SR AO

REQUISITION FOR ADVANCE

Received from PCDA Lucknow a sum of Rs.

_____ on account of LTC, Block year(_____
_____) Advance for the move from _____ to _____
w.e.f. _____ to _____.

Details of Cash Requisition is given on reverse.

Details of Amount/Fare:-

REVENUE
STAMP

SIGNATURE

1. Name In Block Letters:- _____
2. Designation: - _____
3. A/c No:- _____
4. Group :- _____
5. Office:- _____
6. Dated:- _____
7. Bank Ac/No :- _____
8. Mobile No:- _____

Counter signed for Rs. _____

Dy.CDA(AN)



1. ਟਿਕਟ ਦੀ ਵੇਚ ਟਿਕਟ ਦੀ ਵੇਚ

2. ਭੁੱਖੇ ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

3. ਟਿਕਟ ਦੀ ਵੇਚ

1) ਟਿਕਟ ਦੀ ਵੇਚ	2) ਟਿਕਟ ਦੀ ਵੇਚ	3) ਟਿਕਟ ਦੀ ਵੇਚ	4) ਟਿਕਟ ਦੀ ਵੇਚ
5) ਟਿਕਟ ਦੀ ਵੇਚ	6) ਟਿਕਟ ਦੀ ਵੇਚ	7) ਟਿਕਟ ਦੀ ਵੇਚ	8) ਟਿਕਟ ਦੀ ਵੇਚ

4. ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ	ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

5. ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

ਵਾਹੀ ਟਿਕਟ ਦੀ ਵੇਚ

1. ବିଦ୍ୟତ ସମୀକ୍ଷା କାର୍ଯ୍ୟ

2. ଗ୍ରହଣ କରାଯାଇଥିବା ସମସ୍ତ କାର୍ଯ୍ୟ

3. ବିଦ୍ୟତ କରାଯାଇଥିବା କାର୍ଯ୍ୟର ବିବରଣୀ ଏବଂ ତାହାର ସମ୍ପର୍କ

1) ଅନୁମତି	2) ଅନୁମତି	3) ବିଦ୍ୟତ କରାଯାଇଥିବା କାର୍ଯ୍ୟର ବିବରଣୀ ଏବଂ ତାହାର ସମ୍ପର୍କ
II) ଅନୁମତି/ନିମ୍ନଲିଖିତ	II) ଅନୁମତି	ସାଧାରଣ
III) ଅନୁମତି ନାହିଁ ଯାହା ଏବେ ବାଧ୍ୟତା ନାହିଁ	III) ଅନୁମତି	ସମ୍ପର୍କ
IV) ଅନୁମତି/ନିମ୍ନଲିଖିତ	III) ଅନୁମତି	ଅନୁମତି
V) ଏବେ କାର୍ଯ୍ୟ ହେବା ପାଇଁ	ଅନୁମତି	ଅନୁମତି
Base Pay-Draw pay	ଅନୁମତି	ଅନୁମତି

4. ବିଦ୍ୟତ କରାଯାଇଥିବା ବିବରଣୀ

ସମ୍ପର୍କ/ନିମ୍ନଲିଖିତ	ଅନୁମତି/ଅନୁମତି	ବିଦ୍ୟତ	ଅନୁମତି	ବିଦ୍ୟତ	ଅନୁମତି	ବିଦ୍ୟତ	ଅନୁମତି	ବିଦ୍ୟତ	ଅନୁମତି	ବିଦ୍ୟତ	ଅନୁମତି	ବିଦ୍ୟତ	ଅନୁମତି
DATE	TYPE	STATION	DATE	TYPE	STATION	DATE	TYPE	STATION	DATE	TYPE	STATION	DATE	TYPE

5. ବିଦ୍ୟତ କରାଯାଇଥିବା ବିବରଣୀ

ଅନୁମତି କରାଯାଇଥିବା କାର୍ଯ୍ୟର ବିବରଣୀ ଏବଂ ତାହାର ସମ୍ପର୍କ

ଅନୁମତି କରାଯାଇଥିବା କାର୍ଯ୍ୟର ବିବରଣୀ ଏବଂ ତାହାର ସମ୍ପର୍କ

6. ଅନୁମତି କରାଯାଇଥିବା କାର୍ଯ୍ୟର ବିବରଣୀ ଏବଂ ତାହାର ସମ୍ପର୍କ

केंद्र सरकार के कर्मचारियों की सेवा के लिए सीजीएचएस कार्ड के लिए आवेदन
APPLICATION FOR CGHS CARD FOR SERVING EMPLOYEES OF CENTRAL GOVERNMENT

- आवेदक के नाम
Name of the Applicant:
- श्रेणी विभागीय सेवाएं
Category -- Departmental Services
{ आप स्वास्थ्य एवं परिवार कल्याण / DGHS / सीजीएचएस मंत्रालय में तैनात किया जाता है तो विभागीय कृपया टिक ।
{ Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/ DGHS / CGHS }
{ आप किसी भी विशिष्ट संगठित सेवा के हैं अगर सेवाएँ कृपया टिक चुनना ।
{ Please Tick Services if you belong to any specific organized service }
- विभाग का नाम
Name of Department
- सेवा के नाम
Name of the Service.....
(अखिल भारतीय / केंद्रीय सेवाओं के मामले में - । आईएएस / आईपीएस आदि)
(in case of All India / Central Services - IAS/IPS. Etc.,)
- पदनाम राजपत्रित अराजपत्रित राजपत्रित
Designation Gazetted Non-Gazetted
- पे बैंड वर्तमान वेतन ग्रेड वेतन
Pay Band Present Pay Grade Pay
- आधिकारिक पता
Official Address :
- घर का पता
Residential Address:
- टेलीफोन नंबर: (आर) (एम)
Telephone Number: (R) (M)
- ईमेल आईडी
e-mail ID
- सेवानिवृत्ति की तिथि: ___ / ___ / ___
Date of Superannuation: दिनांक माह वर्ष
Date Month Year
- आप प्रतिनियुक्ति (केंद्रीय प्रतिनियुक्ति) कर रहे हैं हां / नहीं
Are you on Deputation (Central Deputation) Yes / No
- यदि हाँ, प्रतिनियुक्ति पूरा होने की संभावना तारीख.....
If yes, likely date completion of Deputation
- अपनी सेवाओं के अन्य शहरों के लिए हस्तांतरणीय हैं : हां / नहीं
Are your services transferable to other cities: Yes / No
- परिवार का विवरण
Details of Family

! * इस कॉलम भरने से पहले परिवार की परिभाषा देखने के लिए कृपया ।

{* Please see definition of Family before filling up this column}

क्र.स. S.No.	परिवार के सदस्य का नाम Name of Family Member	हिन्दी में नाम Name in Hindi	सीजीएचएस कार्ड धारक से संबंध Relationship to CGHS Card Holder* स्वयं Self	जन्मतिथि (अनिवार्य) Date of Birth (Compulsory)	आधार नंबर Aadhar No	रक्त समूह (वैकल्पिक) Blood Group (optional)

कृपया उपरोक्त दर्शाए गए सभी सदस्यों के आयु संबंधी प्रमाण-पत्र संलग्न करें

(Please attach proof of age of persons mentioned above)

16. क्या ऊपर जिन व्यक्तियों के नाम दिए गए हैं वे आप पर आश्रित हैं और आपके साथ रहते हैं?

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

(कृपया उनका आपके साथ रहने का प्रमाण साथ लगाएं जैसेकि राशन कार्ड / निर्वाचन पहचान

पत्र/पास पोर्ट/ कालेज/स्कूल/विश्वविद्यालय द्वारा जारी पहचान पत्र/बैंक की पास बुक आदि की प्रति)

Please attach proof of their staying with you,like copy of Ration card/Election ID/Pass Port/Identity Card issued

by college/school/University/Bank Pass Book,etc)

17. नीचे दिए गए स्थान पर (स्वयं सहित)परिवार के प्रत्येक सदस्य जिनके नाम आपके परिवार के

भाग के रूप में सम्मिलित किए जाने हैं की पहचान पत्र आकार की एक फोटोग्राफ चिपकाएं।(नाम दोनों भाषाओं

में लिखें)Paste one ID card size of Photograph of each member of Family(including self) whose names

are proposed to be included as part of your family in the space given below(Names should be written in both the languages):

कसं०S.No.....	कसं०S.No.....	कसं०S.No.....	कसं०S.No.....
नाम	नाम	नाम	नाम
Name	Name	Name	Name
कसं०S.No.....	कसं०S.No.....	कसं०S.No.....	कसं०S.No.....
नाम	नाम	नाम	नाम
Name	Name	Name	Name

मैं यद्यन देता हूँ कि इस आवेदन फार्म में सम्मिलित मेरे परिवार के सदस्यों के आश्रित मानदण्ड में यदि कोई बदलाव आता है तो मैं केन्द्रीय सरकार स्वास्थ्य योजना को तत्काल सूचित करूंगा। यदि मैं सूचित करने में असफल होता हूँ और यदि केन्द्रीय सरकार स्वास्थ्य योजना को बदलाव के बारे में पता लग जाता है तो के.स. स्वा.यो द्वारा केन्द्रीय सरकार स्वास्थ्य योजना की सुविधाएं वापिस ले ली जाएंगी और केसस्वायो और/या उचित प्राधिकारी को छूट होगी वह मेरे विरुद्ध कोई भी कार्रवाई कर सकता है।

I undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members 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 the CGHS and/or appropriate authority will be free to initiate any action against me.

मैं यद्यन देता हूँ कि मेरे स्थानांतरण,सेवा-निवृत्ति,बर्खास्तगी, पद त्यागने पर मंत्रालय/कार्यालय छोड़ने या केन्द्रीय सरकार स्वास्थ्य योजना की सुविधा की पात्रता न होने पर, मैं के०स०स्वा०यो० कार्ड सौंप दूंगा।

I undertake to surrender the CGHS Card(s) on my leaving the Ministry/Office on transfer; Retirement;termination,resignation;or on ceasing to be eligible for CGHS benefits.

मैं प्रमाणित करता हूँ कि इस आवेदन में मेरे द्वारा दी गई सूचना जाँच करने पर ठीक पाई गई और कोई सूचना छुपाई नहीं गई है या गलत तरीके से नहीं दी गई है और मैं इसके लिए पूर्ण रूप से जिम्मेदार हूँ।

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.

अनुलग्नक/Encl:-आवासीय/आश्रितों के साथ रहने का प्रमाण / Proof of Residence/Stay of dependents

पुत्र की आयु का प्रमाण/ विकलांगता प्रमाण पत्र/Proof of age of son/Disability certificate

सेवा में रहते हुए के केसस्वायो कार्ड के समर्पण का प्रमाण पत्र/Surrender Certificate of CGHS Card while in service

आवेदक के हस्ताक्षर / Signature of Applicant

(सेवारत कर्मचारियों के मामले में प्रायोजक प्राधिकारी द्वारा भरा जाएगा)
आवेदक द्वारा दी गई सूचना सत्यापित कर ली गई है और ठीक पाई गई है।

यह सिफारिश की जाती है कि..... मंत्रालय/विभाग/रांगठन में
कार्यरत श्री/श्रीमति/कुमारी..... पदनाम..... को
केन्द्रीय सरकार स्वास्थ्य योजना कार्ड जारी किया जाए। संबंधित प्रभाग को निदेश जारी कर दिये गये हैं कि
आवेदक के वेतन से हर महीने केन्द्रीय सरकार स्वास्थ्य योजना अंशदान काटना शुरु कर दिया जाए/आवेदक
के वेतन से हर माह केन्द्रीय सरकार स्वास्थ्य योजना अंशदान काटा जाता है। केन्द्रीय सरकार स्वास्थ्य योजना
कार्ड जारी करने के लिए मैं प्राधिकृत प्रायोजक प्राधिकारी हूँ और सक्षम प्राधिकारी से अनुमोदन प्राप्त कर लिया
है।

सं०.....

दिनांक.....

हस्ताक्षर तथा प्रायोजक प्राधिकारी का नाम
पदनाम(नोडर सहित)
टेलीफोन नम्बर.....

सेवा में

संबंधित शहरों के अपर-निदेशक /संयुक्त निदेशक केसवायो

(To BE FILLED BY THE SPONSORING AUTHORITY IN CASE OF SERVING EMPLOYEES)

The information furnished by the applicant has been verified and found to be correct. It is recommended
that a CGHS Card be issued to Shri/Smt/Km.....

Designation.....working in this Ministry/ Department/ Organization. Instructions
have been issued to the concerned Division to start deducting CGHS Subscriptions every month from the
salary of the applicant/ CGHS Subscriptions are deducted every month from the salary of the applicant. I
am authorized sponsoring authority for the issue of CGHS Card and approval of the Competent Authority
has been obtained.

No.....

Date.....

Signature & Name of the Sponsoring Authority
Designation(Stamp) with Tel. Number

To

The Addl. Director/Joint Director CGHS of concerned City.s

APPLICATION FORM FOR DELETION/ADDITION OF FAMILY

11

1. No. of the CGHS Card :
2. Name of the Govt. Servant:
3. Office/Department :
4. New Addition/Deletion :

PHOTOGRAPH

Sl.No.	Name	Date of Birth	Relationship	Identification Mark
1.				
2.				
3.				
4.				
5.				

5. Signature of Govt. Servant / Thumb Impression :

Date :

Section/ Branch :

Telephone No. :

E-mail :

6. Signature and Designation of Issuing Authority :

7. Signature of Medical Officer I/C of the Dispensary :

Date:

Note: Form must be in triplicate along with the photographs and submit to Administration-I

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				
Aadhaar No.				
Photo				
Name				
Relationship				
D.O.B				
Aadhaar No.				

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

.....
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
Tel No.

Signature (with seal)
Dated:

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.