

**INDEX CARD**

Date of Superannuation \_\_\_\_\_

**Govt. of NCT of Delhi**

**Health and Family Welfare Deptt.**

**DELHI GOVT. HEALTH SCHEME**

1. Name of Govt. Employees : \_\_\_\_\_  
(In full and block letters)

2. Deptt./Office in which employed : \_\_\_\_\_

\_\_\_\_\_

3. Residential Address : \_\_\_\_\_

\_\_\_\_\_

4. Nearest Delhi Govt. Dispensary/ Hospital : \_\_\_\_\_

\_\_\_\_\_

5. Details of family members : \_\_\_\_\_

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

I hereby declare that :-

- (a) My father / mother namely \_\_\_\_\_  
Is / are wholly / mainly dependent upon me and that he / she/ they normally  
residing with me in \_\_\_\_\_  
\_\_\_\_\_. The total monthly income  
of my father / mother does not exceed my pay plus dearness pay (where  
applicable) and that it does not also exceed Rs. 500/- per month.
- (b) My son / brother \_\_\_\_\_  
age \_\_\_\_\_ years is unemployed wholly dependent on me.
- © My daughter / sister \_\_\_\_\_ age  
years is unmarried / unemployed and wholly dependent on me.
- (c) I undertake to surrender the Identity Card on my leaving the Deptt./office on  
transfer / retirement / termination of service, resignation etc.

Signature / Thumb Impression of Government Employee.

Dispensary \_\_\_\_\_

Signature / Thumb Impression of Government Employee.

Date on which Identity Card Issued \_\_\_\_\_  
Certified that Index / Identity Cards has / have been scrutinized by the issuing  
Authority and correctly issued in accordance with the rules and orders issued by  
the Deptt. Of Health & Family Welfare.

OFFICE STAMP

SIGNATURE & DESIGNATION OF  
ISSUING AUTHORITY

**PROFORMA FOR OPTION**

I, \_\_\_\_\_, hereby opt the Scheme for providing medical facilities to the employees/ pensioners of Delhi Govt. w.e.f \_\_\_\_\_.

I do not opt the Scheme as my wife/husband is a member of C.G.H.S. She/ He will avail medical facilities under C.G.H.S. and he / she will get re-imburement of Medical treatment in respect of family for special treatment.

My wife / husband is employed / not employed in Govt. Department at \_\_\_\_\_. She/ He will not get the reimbursement of special treatment from her/his employer.

The contribution @ Rs. \_\_\_\_\_ p.m. may be deducted from my salary for the month of \_\_\_\_\_ onwards.

Signature \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Designation \_\_\_\_\_

Branch/Deptt. \_\_\_\_\_