

CENTRAL GOVERNMENT HEALTH SCHEME, **JAIPUR**

Kendriya Sadan Parisar,Block-B, Ground Floor, Sector-10, Vidhyadhar Nagar, Jaipur.
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APPLICATION FOR ISSUE OF CGHS CARD TO SERVING EMPLOYEES

1. Name of the Applicant:.....

2. Pay in Pay Band

Grade Pay

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)

10. Paste one Passport size photograph of each member of Family (including self) whose names are proposed to include 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.

Pay in Pay Band (Excluding Grade Pay) Rs._____ Grade Pay Rs._____
Entitlement: _____ Ward.

Phone No._____ Fax No._____ Email Id_____

Signature of Competent Authority of
Department with seal

Note: Timing of issue of CGHS Card 11 A.M. to 4 P.M. except Lunch Time.

To,
The Additional Director, CGHS, Jaipur.

(A) Monthly contributions for availing CGHS facilities

S.No.	Grade Pay drawn by the officer at the time of retirement	Contribution Rs. Per month
1.	Upto Rs.1650 per month	50
2.	Rs.1800, Rs.1900, Rs.2000, Rs.2400 and Rs.2800 per month	125
3.	Rs.4200 per month	225
4.	Rs.4600, Rs.4800, Rs.5400 and Rs.6600 per month	325
5.	Rs.7600 and above per month	500

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

S.No.	Ward Entitlement	Pay drawn in Pay Band
1.	General Ward	Upto Rs.13950/- per month
2.	Semi Private Ward	Rs.13960/- to Rs.19530/- per month
3.	Private Ward	Rs.19540/- and above
4.	Direct Consultation facility	Rs.33480/- 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) Documents required for issue of CGHS Card.

1. Pay Slip preferably last month (Attested)
2. Aadhar Card Photocopies of all members (Attested)
3. Two Passport size Group Photographs all dependent family members.
4. One set of passport size photograph of each family member.
5. Surrender Certificate of CGHS Card, if any.
6. Details of dependent family members duly verified by the department.
7. Proof of Residence.
8. Documents of age proof of dependents family members.

(E) Note:

Timing of issue of CGHS Card 11 A.M. to 4 P.M. except Lunch Time.

After receiving message in Mobile, kindly collect CGHS Card after 2 working days from Additional Director Office.