

## Instructions for filling up the Application form 'A' (Serving employees) for DDA Swarna Jayanti Aarogya Yojna

1. Please read the application form carefully before filling the form in ENGLISH in CAPITAL LETTERS and in BLUE/BLACK ball point pen only.
2. Please paste recent colour photograph (Not in digital) of size 3.5 cm X 4.5 cm in white background of self and dependents showing frontal view of full face. Photographs should be clear and preferably with white background.
3. Please put your Signature or Thumb impression within the box provided on the first page.
4. **Name** – Should be as per Service Record using maximum of 20 Characters including space.
5. **Father's / Husband's Name** – Should be as per Service Record using maximum of 20 Characters including space.
6. **Designation** – Your present designation in DDA.
7. **Date of Birth / Date of Retirement** – As per your service record.
8. **Date of issue of DDA medical identity card and number** – Your existing DDA Medical Identity Card number and mention date of issue (if any).
9. **Pay in pay band** – Your present pay drawn at the time of filling up this form in the existing pay band. **Grade Pay** – Write your existing grade pay as per service record.
10. **Present place of posting** – Write name of place where you are presently posted.
11. **Residential Address** – Write your full residential address as given in your service record along with PIN Code.
12. **Telephone/Mobile** – Write your telephone/mobile number where you can be contacted in case of emergency.
13. **Are you on deputation / Name of parent Deptt.** – Write YES or NO. Give name of your parent Department from which you have come on deputation to DDA.
14. **Address of Controlling Office of parent Deptt.** – Write complete address of accounting authority of your organization from which you have come on deputation to DDA.
15. **Expiry date of Deputation** – Write the date when your Deputation to DDA would finish.
16. **Details of Medical Contribution (To be attested by DDO)** – Mention amount of deduction made from your salary under existing medical scheme duly attested by DDO.
17. **Whether spouse is working in Central Govt..... /Private organization** – Write YES or NO.
18. **If yes, mention complete name and address of the Spouse office** – If YES, please write full name and address along with PIN Code of the office..
19. **Whether Medical facilities availing in that office** – Write YES or NO.
20. **Is he/she willing to avail medical facilities under DDA Medical Scheme** – Please give your willing in YES or NO.
21. **If yes, have you submitted the joint declaration form** – If you are willing to avail medical facilities under DDA Medical Scheme, then please fill the Joint Declaration form duly filled by office of the spouse to be submitted to Sr. AO Medical Cell, Vikas Sadan.
22. **Are your children studying..... treated as dependents)** – Write YES or NO.
23. **14 (i) Are your parents dependent on you**– Write YES or NO.
24. **Are they living with you and since when** – Write YES or NO. Write month and year since when your parents are residing with you.
25. **Are they availing ..... from any other source** – Write YES or NO.
26. **Are they pensioner** – Write YES or NO.

27. **Details of their income from all sources** – Mention details of income of your parents from all sources like interest from FD/Income from House property/Agriculture etc.