APPLICATION FORM FOR MEMBERSHIP (REV 2013) (PLEASE FILL IN CAPITALS & IN BLUE INK) Applicant's To be filled by Stn HQ/Record Office Recent Colour Application Regn No Passport size Photograph in Place of Submission **Civil Dress** (✓) (a) Officer (b) JCO & Equivalent OR & Equivalent Category (c) **PART I - PARTICULARS OF PENSIONER** APPLICATION FOR (✓) Pensioner Family Pensioner Future Retiree SERVICE (✓) SFF Army Navy Air Force CG DSC Signature of Applicant (black ink) 2. Rank Service No (With prefix and suffix) (Abbreviated as per General Instructions) 3. (a) Name of Ex-Serviceman (Maximum 32 characters including spaces) (ii) Gender (i) Regt/Corps/Ship/Base/Unit NDG Indian (iii) Citizenship (✓) v) Marital Status (√)Married/Unmarried/Divorce/Widow/Widower (v) Employed (√) No (vi) Monthly Income: (b) Name of family Pensioner For family Pensioner only (if applicable) Category () Officer/JCO & Equivalent/OR & Equivalent (i) Gender () 🗸 Female Male NDG (v) Monthly income No (iv) Citizenship () ✓ Indian (c) Relationship with ESM () Spouse/ Dependent Son/ Dependent Daughter/ Dependent Father/ Dependent Mother/ Dependent Brother / Dependent Sister (d) Date of Demise of Pensioner (DD-MM-YYYY) UID No (e) (f) PAN No 4. Date of Birth of Applicant (DD-MM-YYYY) **Primary Member** 5 Date of Commission/ Enrollment (DD-MM-YYYY) 6. Date of Retirement/ Discharge (DD-MM-YYYY) 7. Parent Polyclinic 8. Residential Address Dist Tehsil Speciman signature/ILeft ump Impression of ESM/ Family Pensioner State Pin 9. Contact details Telephone No (a) (With STD code) Mob No (b) E-Mail ID :-(c) Normal Disability Family 10. Type of Pension (✓) Pension Payment Order No (PPO No) 11. (attach photo copy) 12. Name & Address of Banker/Treasury from where pension drawn 13. Pension Bank Account Number 14. Record Office Drug Allergy (if any) 15. Physical Disability 16. Blood Group (√) Yes No (Optional) (Tick one as applicable) War Disability/Battle Casualty Disability (\checkmark) | Yes Signature and stamp of authorising Officer of Station Headquarters/ Record Office.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

Note-

Responsibility for intimating date of commencement of Employment / Attaining 25 years of age / Marriage in respect of Dependent Son / Daughter/ Sister/Brother of the ESM lies with the ESM / Family Pensioner.

Note-2

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Note-3

Responsibility of intimating Death / Non Dependency in respect of Father / Mother of the ESM lies with ESM / Family Pensioner.

PART-II PARTICULARS OF DEPENDANTS

	17411 H 1741110027410 01 DEI ENDANTIO	
Name of SPOUSE	(Maximum 20 Characters including space)	
Gender (✓) Male	Female Citizenship (🗸) Indian NDG	Affix Recent Colour
Date of Birth	(DD-MM-YYYY)	Passport size Photo of SPOUSE of
Date of Marriage	(DD-MM-YYYY)	Pensioner
Parent Polyclinic (If not same as pensioner/ Family pension)		
Physical Disability (-	Yes No Employed (✓) Yes No Monthly Ir	ncome
UID No	PAN No :	7
Name Mentioned in Se	rvice/ Discharge Book (✓) Yes No Blood Group	
Drug Allergy (if any)		Optional
Residential		
Address (If not same as pensioner/		
Family pension)	Tehsil Dist State Pin	_
Contact details		
(a) Tele No (With STD code)		
(b) E Mail ID :-		
Name of Dependent FATHER	(Maximum 20 Characters including Space)	
Citizenship (✓) India		Affix Recent Colour
Date of Birth	(DD-MM-YYYY)	Passport size Photo of Dependent
Employed (✓) Yes	No Pensioner (✓) Yes No	FATHER of Pensioner
Whether dependent	on applicant (V) Yes No Monthly income	
Parent Polyclinic		
(If not same as pensioner/ Family pension)		s No
	rvice/Discharge Book (; NO
UID No	PAN No : Blood Group	Dptional
Drug Allergy (if any)		
Residential Address		
(If not same as pensioner/ Family pension)	Tehsil Dist	
	State Pin	
Contact details (a) Tele No	Mob Mob	
(With STD code) (b) E Mail ID :-		
Name of		
Dependent MOTHER	(Maximum 20 Characters including Space)	
Citizenship (✓) Ind	an NDG	Affix Recent Colour
Date of Birth	(DD-MM-YYYY)	Passport size Photo of Dependent
Employed (🗸)	No Pensioner (✓) Yes No	MOTHER of Pensioner
Whether dependent	on applicant (✓) Yes No Monthly income	. Gilolollei
Parent Polyclinic (If not same as pensioner/ Family pension) Name Mentioned in ser	vice/Discharge Book (🗸) Yes No Physical Disability (🗸) Yes	No No
UID No	PAN No : Blood Group	
Drug Allergy (if any)		onal
Residential		Optional
Address (If not same as pensioner/		
Family pension)	Tehsil Dist	
Contact details (a) Tele No	State Pin	
(With STD code)	Mob	
(b) E Mail ID :-		

Note-1

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Dependent CHILD (Maximum 20 Characters including space) Citizenship (✓) Indian NDG Affix Recent
Date of Birth (DD-MM-YYYY) Colour Passport size Photo of
Relationship (with Ex-Serviceman)
Marrital Status (✓)
Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability (✓) Yes No Blood Group
Name Andrewski and Control Control Control
Copy/ Proof attached (🗸)
UID No PAN No : Monthly Income \$ \$ \$ \$ \$ \$ \$ \$
Drug Allergy (if any) Residential
Address (If not same as pensioner/
Family pension) Tehsil Dist Contact details State Pin
(a) Tele No Mob
(With STD code)
Name of Dependent
CHILD (Maximum 20 Characters including space) Citizenship (✓) Indian NDG
Affix Recent Colour Passport
Date of Birth (DD-MM-YYYY) size Photo of Relationship (with Ex-Serviceman) Employed (🗸) Yes No Dependent
Relationship (with Ex-Serviceman) Employed () Yes No CHILD of About to Character () Married Limparied Widow Diverses Pensioner
Marital Status (✓) Married Unmarried Divorcee Fensioner Fensioner Fensioner Fensioner
Parent Polyclinic (If not same as pensioner/ Family pension)
Permanent Disability (V) Yes No Blood Group
Name mentioned in Service/ Discharge Book (🗸) Yes No Part II Order Published and Copy/ Proof attached (🗸) UID No PAN No: Monthly Income
Drug Allergy (if any)
Drug Allergy (if any) Residential
Drug Allergy (if any) Residential Address (If not same as pensioner/
Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Tehsil Dist Dist
Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Contact details (a) Tele No.
Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Contact details (a) Tele No. (b) Mith STR code) Drug Allergy (if any) Telsil Dist Dist Dist Dist Dist Dist Dist Dist
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Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Contact details (a) Tele No (With STD code) (b) E-Mail ID:- Name of Dependent CHILD (Maximum 20 Characters including space)
Drug Allergy (if any) Residential Address (if not same as pensioner/ Family pension) Contact details (a) Tele No (With STD code) (b) E-Mail ID:- Name of Dependent CHILD (Maximum 20 Characters including space) Citizenship (*) Indian NDG Residential Address Affix Recent
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Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Contact details (a) Tele No (With STD code) (b) E-Mail ID:- Name of Dependent CHILD Citizenship () Indian NDG NDG Marrial Status () Married Unmarried Widow Divorcee Marrial Status () Married Unmarried Widow Divorcee Mediationship (Englishly)
Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Contact details (a) Tele No (With STD code) (b) E-Mail ID:- Name of Dependent CHILD Citizenship (*) Indian NDG Date of Birth Date of Birth Relationship (with Ex-Serviceman) Parent Polyclinic (If not same as pensioner/ Contact details (a) Tele No (With STD code) (b) E-Mail ID:- Name of Dependent Colour Passport size Photo of Dependent CHILD of Pensioner Parent Polyclinic (If not same as pensioner/ For daughter only- if applicable)
Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Tehsil State Dist Pin Dist State Pin Affix Recent Colour Passport size Photo of Dependent CHILD Citizenship (v') Indian Date of Birth Divorcee (For daughter only- if applicable) Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability (v') Pes No Blood Group
(b) E-Mail ID:- Name of Dependent (Maximum 20 Characters including space) CHILD (Indian NDG Affix Recent Colour Passport size Photo of Dependent CHILD of Married Unmarried Widow Divorcee (For daughter only- if applicable) Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability (\(\nu\) Yes No Blood Group Name mentioned in Service/ Discharge Book (\(\nu\)) Yes No Part II Order Published and Yes No
(b) E-Mail ID:- Name of Dependent CHILD (Maximum 20 Characters including space) Citizenship (✓) Indian NDG Date of Birth (DD-MM-YYYY) Relationship (with Ex-Serviceman) Employed (✓) Yes No Dependent CHILD of Dependent CHILD of Pensioner Parent Polyclinic (If not same as pensioner/ Eamily pension) Permanent Disability (✓) Yes No Blood Group Name mentioned in Service/ Discharge Book (✓) Yes No Part II Order Published and Yes No UID No PAN No: Monthly Income
(b) E-Mail ID:- Name of Dependent CHILD (Maximum 20 Characters including space) Citizenship (✓) Indian NDG Date of Birth (DD-MM-YYYY) Relationship (with Ex-Serviceman) Employed (✓) Yes No Dependent CHILD of Dependent CHILD of Pensioner Parent Polyclinic (If not same as pensioner/ Eamily pension) Permanent Disability (✓) Yes No Blood Group Name mentioned in Service/ Discharge Book (✓) Yes No Part II Order Published and Yes No UID No PAN No: Monthly Income
(b) E-Mail ID:- Name of Dependent (Maximum 20 Characters including space) CHILD (Indian NDG Affix Recent Colour Passport size Photo of Dependent CHILD of Relationship (with Ex-Serviceman) Employed (y) Yes No Dependent CHILD of Pensioner Parent Polyclinic (If not same as pensioner/ For daughter only- if applicable) Parent Polyclinic (If not same as pensioner/ Permanent Disability (y) Yes No Blood Group Name mentioned in Service/ Discharge Book (y) Yes No Part II Order Published and Copy/ Proof attached (y) No Monthly Income Drug Allergy (if any) No Residential
(b) E-Mail ID:- Name of Dependent CHILD (Maximum 20 Characters including space) Citizenship (*) Indian NDG Date of Birth Date of Dependent Child of Dependent CHILD of Pensioner Parent Polyclinic (If not same as pensioner/ Pamily pension) Permanent Disability (*) Yes No Part II Order Published and Copy/ Proof attached (*) UID No PAN No: Monthly Income Drug Allergy (if any) Residential Address (If not same as pensioner/ Date of Da
(b) E-Mail ID:- Name of Dependent (Maximum 20 Characters including space) Citizenship (✓) Indian NDG (DD-MM-YYYY) Date of Birth (DD-MM-YYYY) Relationship (with Ex-Serviceman) Employed (✓) Yes No Dependent CHILD of Pensioner Marital Status (✓) Married Unmarried Widow Divorcee (For daughter only- if applicable) Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability (✓) Yes No Blood Group Name mentioned in Service/ Discharge Book (✓) Yes No Part II Order Published and Copy/ Proof attached (✓) UID No PAN No: Monthly Income Drug Allergy (if any) Residential Address (If not same as pensioner/ Family pension) Tehsill Dist Pin
(b) E-Mail ID:- Name of Dependent CHILD (Maximum 20 Characters including space) Citizenship (✓) Indian NDG NDG Relationship (with Ex-Serviceman) Employed (✓) Yes No Dependent CHILD of Dependent CHILD of Pensioner Marital Status (✓) Married Unmarried Widow Divorcee (For daughter only- if applicable) Parent Polyclinic (If not same as pensioner/ Family pension) Name mentioned in Service/ Discharge Book (✓) Yes No Part II Order Published and Copy/ Proof attached (✓) Monthly Income Tessidential Address (If not same as pensioner/ Family pension) Residential Address (If not same as pensioner/ Family pension) Tessidential Address (If not same as pensioner/ Family pension) Tessidential Dist No Dis

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Name of Dependent Brother Citizenship (✓) Indian Date of Birth Relationship (with Ex-S Marital Status (✓)		NI man)	DG	um 20 (Charact	ers in	(DD-	g spac	, /YYY	Ĺ		No		Affix Recent Colour Passport size Photo of Dependent Brother of Pensioner	
Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability Name mentioned in Se UID No	(v)	Yes	-	No lok (✓)	Yes	Bloo	d Gro	Par	t II Ord	of atta	ached		160	s No	
Drug Allergy (if any)															na
Residential Address (If not same as pensioner/ Family pension)	Tehs	sil						Dist							Optional
Contact details (a) Tele No (With STD code) (b) E-Mail ID :-	State	e							Mob]	
Name of Dependent Sister Citizenship (\checkmark) Indian	1	- È	Maximu DG	ım 20 (Charact	ers in	cluding	g spac	e)						
Date of Birth	$\overline{\Box}$	Н					(DD-	-MM-	/YYY	')				Affix Recent	
Relationship (with Ex-S	Servicer	man)		\Box	+		_ `	ployed		Yes		No		Colour Passpo	
	Married		Unm	arried		Widow	1		,]			Dependent Sister of	
```∟	Iviairieu	'	Ullill	uou	-			Div	orcee/	'	]			Pensioner	
Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability	(< ) [	Yes		No			d Gro	up [							
Parent Polyclinic (If not same as pensioner/ Family pension)	(< ) [	Yes		No	Yes			up [	t II Oro	der Pu			Yes	Pensioner	
Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability	(< ) [	Yes	ge Bo	No	Yes		d Gro	up [	t II Ord	der Pu	ached		166	Pensioner	_
Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability Name mentioned in Se	(< ) [	Yes	ge Bo	No ok (✓)	Yes		d Gro	up [	t II Ord	der Pu	ached	(✓)	166	Pensioner	tional
Parent Polyclinic (If not same as pensioner/ Family pension) Permanent Disability Name mentioned in Se  UID No Drug Allergy (if any) Residential Address (If not same as pensioner/	(	Yes	ge Bo	No ok (✓)	Yes		d Gro	up [	t II Ord	der Pu	ached	(✓)	166	Pensioner	Optional
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## PART-III DETAILS OF MRO PAYMENT

(Serial 1 to 4 to be filled by only those whose contribution NOT deducted in PPO)

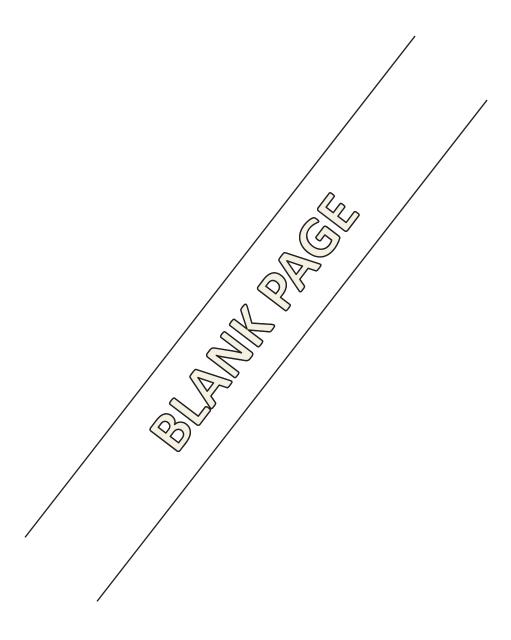
1.	Payment in full or in Installments (Tick as	applicabl	e) Ful		One	البا	Two	Ш	Thre	е	Ex	empted	Ш
2.	Bank RBI SBI Branch												
3.	MRO No		Dat	e of	Payme	nt							
4.	Amount (Rupees)		•									•	
	PART-IV DET	AILS OF I	PAYME	NT	FOR S	MAF	T C	ARD	<u>s</u>				
										Г			
1.	Total Cards Demanded				2	2	Amoı	ınt (	Rupe	es)			_
3.	Mode of payment DD No	Date of D	raft			Ва	nk Na	me					
	Postal Order			D - 1 -			Δ		- 1				
	IPO NO			Date	;		Amr	nou	nt				
										$\dashv$			
		Total							_				
Date	(DI	D-MM-YYY	Y)										
	Note :- Faulty entries requiring subsequent correction will entail fresh cards being Made on additional payment  (Signature of Applicant) (Black ink)												
													_
	PART-V TO BE FILLED I	BY STAT	ION HE	AD	QUAR [*]	ΓER:	S/ RE	CO	RD C	<u> FFIC</u>	<u>E</u>		
1.	Basic Pension (Rupees)	2. [	Docume	ents	Checke	ed ar	nd Re	eceip	ot issu	ued (	√) \	es/es	
3.	Payment Received for Smart Cards Rs. Rs.												
4.	Category for Hospitalisation Private		Sem	i-Priv	ate			Gene	eral				
5.	Date of Receipt of Application from/ Date of Retirement of Future Retiree						]						
6.	Date application forwarded To Regional Centre							(	Signatu Headqu	ure and arters/	Stamp	of Station	on
	PART-VI TO BI	E FILLED	BY RI	EGIC	ONAL (	CEN.	ΓRE	ЕСН	IS				
1.	Date of Receipt of Application Form												
2.	Date application forwarded to Vendor					Т	1						
	Checked by (Initials & No) Verified (Initials &					+	_						
SMA	RT CARD DETAILS (to be filled on recei	ipt from v	/endor	)				<u>L</u>	Sig		and Starised O		_
1.	Date of Receipt of Smart Card(s)			1									
2.	ECHS No. (Mentioned in Smart Card)												
3.	No of Smart Card(s) issued (✓) One	Two	Thr	ee	Fou	ır	Fiv	re	Si	x	1		
	(a) Dispatched to										⊒ Office	/Individ	ual)
	(b) Date of Dispatch												
Noto	1							L			Initials		

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# RECEIPT FOR DOCUMENTS CUM TEMPORARY CARD EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) (USE BLUE INK ONLY)

Rectowards app	ceived following	g documents from No mbership of Ex-Servicemen	Rank Contributory Health Scheme	Namee (ECHS) :-						
(a) (b) (c) (d) (e) (f) (g) (h)	Photograp Affidavit in Copy of M Photocopy Photocopy Demand of		duly attested by bankers/tre proof of dependants. 35/- Per card in favour of de	easury (where applicable).  pendent Regional Centre ECHS).  If duplicate Card(s)/Change of						
2. Cat	Category for Hospitalisation ( ✓ ) Private Semi Private General									
3. For	Force Type:									
4. Add	dress with State	e and Pin Code :								
5. Mol	bile No :	6. D	ate of Birth :							
7. <b>Par</b>	ent Polyclinic	of Pensioner		<del></del>						
Place : Date :	Office seal	(Office	No Rank Name Signature r issuing temporary receipt in							
	raphs to be sta	amped by issuing Officer . SPOUSE	DEPENDENT	DEPENDENT						
DEPE	NDENT	Date of birth:	Date of birth:	Date of birth: DEPENDENT						
Date of birt  Notes:-1. 2. 3.	This origin Receipt w No Smart Record O individual	if the ECHS card is not read	ill be filed alongwith the origing receipt in original is not parties after checking the Application or prior to his retirement.	inal Application Form .						
4. 5. with	Observation	nal Receipt is <b>valid</b> upto a mon / complaints pertaining to eceipt of the Card (s).		brought to issuing authority						
(attach pho		, , ,								
Received S	mart Card (√	/) One	Three Four	Five Six						
Date :			\$	Signature of ESM / Family Pensioner						
of De Note-2	pendent Son /	imating date of commencem Daughter/ Sister/Brother of t	he ESM lies with the ESM /	ng 25 years of age / Marriage in respect Family Pensioner.						

Note-3

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## ABBREVIATED RANKS

## **OFFICERS**

ARMY			AIR FORCE	Abbreviation	Indian Coast Guard	Abbreviation	
General	Gen	Admiral	Adm	Air Chief Marshal	ACM	-	-
Lieutenant General	Lt Gen	Vice Admiral/ Surg Vice Admiral	V Adm/ Surg V Adm	Air Marshal	Air Mshl	Director General	DG
Major General	Maj Gen	Rear Admiral/ Surg Rear Admiral	R Adm/Surg R Adm	Air Vice Marshal	AVM	Inspector General	IG
Brigadier	Brig	Commodore/ Surg Commodore	Cmde/ Surg Cmde	Air Commodore	Air Cmde	Dy Inspector	DIG
Colonel	Col	Captain/Surg Captain	Capt (IN)/Surg Capt	Group Captain	Gp Capt	Commandant	Comdt
Lieutenant Colonel	Lt Col	Commander/Surg Commander	Cdr/Surg Cdr	Wing Commander	Wg Cdr	Commandant (JG)	Comdt (JG)
Major	Мај	Lt Commander/ Surg Lt Commander	Lt Cdr/ Surg Lt Cdr	Squadron Leader	Sqn Ldr	Dy Commandant	Dy Comdt
Captain	Capt	Lt /Surg Lt	Lt (IN)/Surg Lt	Flight Lieutenant	FIt Lt	Asst Commandant	Asst Comdt
Lieutenant	Lt	Sub Lt/Surg Sub Lt	S Lt /Surg S Lt	Flying Officer	Fg Offr	-	-

## **PBOR**

ARMY	Abbreviation	NAVY	Abbreviation	AIR FORCE	Abbreviation	Indian Coast Guard	Abbreviati on
Honorary Captain	Hony Capt	Honorary Lieutenant	Hony Lt (IN)	Honorary Flight Lieutenant	Hony Flt Lt	-	-
Honorary Lieutenant	Hony Lt	Honorary Sub Lieutenant	Hony Sub Lt (IN)	Honorary Flying Officer	Hony Fg Offr	-	-
Subedar Major or Risaldar Major	Sub Maj or Ris Maj	Master Chief Petty Officer1	MCPO 1	Master Warrant Officer	MWO	Pradhan Adhikari or Pradhan Sahayak Engineer	P/Adh or PSE
Hony Sub Maj or Hony Ris Maj	Hony Sub Maj or Hony Ris Maj	Honorary Master Chief Petty Officer1	Hony MCPO1	Honorary Master Warrant Officer	Hony MWO	-	-
Subedar or Risaldar	Sub or Ris	Master Chief Petty Officer 2	MCPO 2	Warrant Officer	wo	Uttam Adhikari, or Uttam Sahayak Engineer	U/Adh or USE
Hony Subedar or Hony Risaldar	Hony Sub or Hony Ris	-	-	-	-	-	-
Naib Subedar or Naib Risaldar	Nb Sub or Nb Ris	Chief Petty Officer	СРО	Junior Warrant Officer/Flight Sergeant	JWO/Fit Sgt	Adhikari, or Sahayak Engineer or Pradhan Yantrik	Adh or SE or P/Ytk
Hony Naib Sub or Hony Naib Risaldar	Hony Nb Sub or Hony Nb Ris	-	-	-	-	-	-
Havildar or Dafedar	Hav or Dfr	Petty Officer	PO	Sergeant	Sgt	Pradhan Navik or Uttam Yantrik or Yantrik	P/Nvk or U/Ytk or Ytk
Honorary Havildar or Hony Dafedar	Hony Hav or Hony Dfr	-	-	-	-	-	-
Naik or Lance Dafedar	Nk or LD	Leading	Ldg	Corporal	Cpl	Uttam Navik	U/Nvk
Lance Naik or Asst Lance Dafedar	LNK or ALD	Seaman I	Sea I	Leading Air Craftsman	LAC	Navik or Enrolled Follower	Nvk or E/F
Sepoy (Rfn, Gdsm, Swr, Spr,	Sep	Seaman II	Sea II	Air Craftsman	AC		
Sigmn,Cfn, Gnr							

#### **GENERAL INSTRUCTIONS**

#### 1. Eligibility

- (a) Should be an Ex-Serviceman and drawing pension/disability pension/family pension from Controller of Defence Accounts including Indian Coast Guard personnel.
- (b) War Widows (Veer Naris) / NOK of Battle causalities.
- (c) Personnel disabled in Operations.
- (d) Recruits medically boarded out during training and in receipt of disability pension.

#### Notes:

- (i) Ex-Servicemen not drawing pension are NOT eligible.
- (ii) To take benefits of ECHS you CAN NOT be drawing benefits of any other Government medical Scheme.

#### Dependents.

- (a) Spouse including legally more than one spouse.
- (b) Unemployed Son(s) / Brother up to 25 years of age.
- (c) Unemployed/unmarried Daughter (s) / Sister including widow / legally divorced irrespective of age.
- (d) Physically/ Mentally handicapped child / brother / sister for life.
- (e) Wholly dependant Parents whose combined monthly income from all source does not exceed Rs 3500/- plus DA and are generally residing with the member.
- (f) Parents of deceased soldier can be eligible, subject to meeting dependency criteria.
- g) If both husband and wife are Defence Personnel, parents of both members are eligible if both pay subscription, subject to meeting dependency criteria.

## Notes: (i) Widow after remarriage in receipt of family pension is eligible for ECHS membership alongwith her children from first marriage. However, her present Husband and children born later are not entitled.

- (ii) Grandparents/Grand children are not entitled.
- (iii) Part II Orders endorsement by service Headquarters/respective Records for marriage/children born after retirement.
- (iv) Please attach relevant medical documents of Drug Allergy (if any) and Blood Group.

### 3. ECHS Contribution.

#### (a) Ex-Servicemen Retired Prior to 01 Apr 03.

- Should deposit one time ECHS contribution in Govt treasury/Nationalised bank through MRO as per rates of subscription.
- (ii) Four copies of MRO in Original to be prepared.
- (b) <u>Ex –Servicemen Retired/Retiring After 01 Apr 03.</u> Subscription is being deducted directly by CDA (P) and reflected in PPO.
- (c) Rates of Contribution w.e.f 01 Jun 2009 are as under (Subject to Revision by Govt) :-

Grade Pay drawn at the time of retirement	RATES OF Contribution
Rs 1800/-, Rs 1900/-, Rs 2000/-, Rs 2400/- and Rs 2800/- per month	Rs 15,000/-
Rs 4200/- per month	Rs 27,000/-
Rs 4600/-, Rs 4800/-, Rs 5400/- and Rs 6600/- per month	Rs 39,000/-
Rs 7600/- and above per month	Rs 60,000/-

### (d) Category of Ward :-

Officers - Private ward
JCO & Equivalent - Semi Private ward
ORs & Equivalent - General ward

### Notes :-

- War Disabled Pensioners/War Widows/NOK of Battle Casualties are exempted from paying ECHS subscription.
- (ii) Fixed medical Allowance will be stopped from date of ECHS membership.
- (iii) All pensioners who have retired prior to 01 Jan 1996 are exempted contribution.
- (iv) Nb Sub to Sub Maj including Hony Ranks of Lt/Capt and Equivalent are authorized Semi Private ward.
- (v) Sep to Hav including Hony Ranks of Nb Subedar and Equivalent are authorized General ward.

#### 4. **Smart Cards**

- One card per beneficiary will be issued wef 01 Jun 2010.
- (b) White Card for disabled beneficiary as per eligibility.
- War disabled/Battle Casualty disabled veterans will be provided with white card.
- (c) (d) Demand draft @ Rs 135/-per card drawn in favour of :
  - Submission After Retirement . Regional Centre ECHS in whose jurisdiction the (i) application is being submitted.
  - Submission Before Retirement. For Officers Regional Centre ECHS, Delhi Cantt and for (ii) PBOR in favour Regional Centre ECHS with which the Record Office of the pensioner is affiliated. List of Affiliation is at page 11.

#### 5. Filling & Submission of Forms

#### (a) Membership After Retirement

- Collect form from nearest Stn HQ, Polyclinic or download from internet (Website: www.echs.gov.in.)
- Prepare affidavit on Rs. 10/- Non- judicial stamp as per specimen given at Page 12.
- Attach bankers certificate/DPDO certificate showing details of pension being drawn, MRO (iii) (2 Copies), PPO copy, dependency certificate, proof of identity and demand draft for cards.
- (iv) Carry service/discharge book in original for verification.

#### Membership Before Retirement (future Retiree). (b)

- Form to be collected and filled alongwith pension documents.
- Copy of PPO, Bankers Certificate & MRO are NOT required. (iii)
  - Submit completed Application Form alongwith affidavit as follows:
  - Army Headquarters/AG's Branch MP 5/6 for Non-AMC-Army Officers.
  - Army Headquarters/AG's Branch MPRS(0) for AMC, ADC & MNS Officers. (ab)
  - Concerned Records Office (refer Page 11) for all JCOs or OR of the Army (ac) Including DSC Personnel.
  - Naval Headquarters/Director of Personnel (DOP) for Naval Officers. Commodore Bureau of Sailors (CABs), Mumbai **for Naval PBOR.** (ad)
  - (ae)
  - Air Headquarter/DPP & R, through last posted unit for Air Force Officers. (af)
  - Air Force Reocrds Office (AFRO), Delhi Cantt for Air Forces PBOR.

    Coast fuard Headquarters for Officer and PBOR. (ag)
  - (ah)

#### (c) Retirement at Short Notice

ECHS Membership Application Form is generally required to be submitted to concerned Record Office 5-6 months prior to the date of retirement. However, in case of an Officer/PBOR proceeding on retirement at short notice, he/she is permitted to submit his/her ECHS Membership Application Form to concerned Record Office any time prior to the date of retirement or Even after retirement if he/she is not possession of PPO. ECHS Membership Application Form can only be submitted at nearest Stn/HQ Regional Centre by a pensioner if it is supported by PPO and all other mandatory documents.

Deduction of contribution by the CDA is no guarantee for grant of membership. Issue of Smart Card after verification documents at 'Regional Centre/ respective Records will be considered as acceptance of membership'.

Notes:

- Data field, as UID, PAN No, e-mail id, drug Allergy and Blood Group details may be filled up if available.
- (ii) Smart Card will be dispatched to the Station HQ nearest to the residential address.
- (iii) Pre 1986 retirees need not deposit copy of ppo/copy of Discharge Book/pension Book giving name of spouse and bankers certificate to be submitted with application

#### **MUST KNOW POINTS**

- 1. Smart Card will be issued on production of original receipt of application Form.
- Validity of receipt is for 60 days only. In case of non receipt of Smart Card validity can be further extended upto 90 days extension by the Stn HQ. Regional Centre can accord or arng further extension till receipt of card on case to case basis.
- 3. The member and bonafide dependants should activate upgraded Smart card at any Polyclinics preferably at parent Polyclinic on receipt by giving thumb impression at the earliest.
- 4. Any false declaration/misuse of benefits will entail cancellation of membership. Central Organisation, ECHS will be the final authority for cancellation of membership
- 5. Ensure safe custody of Smart Card.
- To avail treatment facilities, the ECHS member or his /her dependent is required to go to ECHS Polyclinics with the membership Card.
- 7. In case further treatment or investigations are required ,the polyclinics doctors will refer the patient to Service Hospital/Lab/Dental Centre or Empanelled civil facility.
- 8. In Military Stations patients will be referred to service Hospital only. Referrals to empanelled civil medical facilities will only be provided if Service Hospital do not have capacity
- 9. A list of Empanelled Hospital/Nursing Home(s), Diagnostics Centre and Dental Clinics/Centers will be available in the polyclinics for the guidance of patients. The patient will be required to report to the empanelled facility of his choice along with his ECHS membership card and referral form from ECHS Policlinic. On Completion of treatment/diagnostics procedure, he/she is not required to make any Payment, bill will be cleared by ECHS.
- 10. In an emergency situation, the ECHS member may not be able to follow the normal referral procedure. He can report to the nearest/most convenient Hospital, preferably a service Hospital or an Empanelled Hospital. In Such cases, no payment is required to be made and the bill of empanelled Hospital will be cleared by ECHS. In case a member goes to a non-empanelled hospital he/she has to pay the bill and submit a claim for reimbursement to the ECHS Polyclinics subsequently. In all cases of emergency admission, the nearest ECHS Policlinics must be informed within 48 hrs. of admission. The reimbursement will be limited to approved CGHS rates
- 11. In case of any incorrect entry in the Smart Card .lt should be brought to the notice of the issuing authority within 07 days from the receipt of Card. If brought out later Card will not be replaced free of cost.
- 12. In case any complaint /difficulty in availing medical facilities at ECHS Policlinics, please liaise/refer your correspondence (brief and to the point) to the Stn HQ in whose jurisdiction the Polyclinic is functioning.
- 13 On receipt please activate your card as soon as possible preferably at parent policlinic.

11. Some important DO's & DON'Ts for availing treatment are as tabulated below:

	DO'S		DON'T'S
>	DO CARRY YOUR REGISTRATION SLIP AND	A	DO NOT PAY BILLS IN EMPANELLED
	IDENTIFICATION DOCUMENTS/SMART CARD		HOSPITALS-ECHS WILL CLEAR YOUR BILLS
	WHEN VISITING ECHS CLINICS	$\triangleright$	DO NOT INSIST FOR REFERRAL FOR
≻	DO AVAIL ALL DIAGNOSTICS AND		FACILITIES AVAILABLE IN THE POLICLINIC. IT
	THERAPEUTIC FACILITIES IN THE		IS NOT AUTHORIZED.
	POLYCLINICS.	$\triangleright$	DO NOT INSIST ON PARTICULAR BRAND
>	DO EXERCISE YOUR OPTION OF BEING		NAME OF DRUG FROM POLYCLINIC. YOU
	REFERRED TO EMPANELLED FACILITY OF		MAY BE ISSUED DIFFERENT BRAND BUT
	YOUR STATION BUT ONLY WHEN REFERRAL		WITH SAME PHARMACOLOGICAL
	IS ADVISED BY POLYCLINICS .		COMPOSITION.
>	DO CARRY YOUR REFERRAL FORM AND	>	DO NOT PURCHASE DRUGS YOURSELF AND
	SMART CARD. ECHS REGISTRATION SLIP TO		ASK FOR REIMBURSEMENT. IT IS NOT
	THE EMPANELLED FACILITY.		AUTHORIZED
>	DO TRY TO CHOOSE A SERVICE.	>	DO NOT ACCEPT SUB-STANDARD
	EMPANELLED HOSPITAL IN AN EMERGENCY.		TREATMENT AT EMPANELLED HOSPITAL-
>	YOU WON'T HAVE TO PAY. DO INFORM YOUR POLICLINIC WITHIN 48 HRS		REPORT TO YOU POLICLINIC.
_	WHEN ADMITTED DIRECTLY TO EMPANELLED		
	OR NON-EMPANELLED HOSPITAL IN AN		
	EMERGENCY		
>	DO FOLLOW SOME TIME TO THE POLICLINIC		
	TO PROCURE SUPER SPECIALTY DRUGS		
	PRESCRIBED FOR YOU, IF NOT READILY		
	AVAILABLE		
	/ (V/ (IL) (DEL		

## AFFILIATION OF SERVICE HQS & RECORDS OFFICERS WITH ECHS REGIONAL CENTRES

Regional Centres	Affiliated Section at Service HQs & Records office
Regional Centres	Anniated Section at Service rigs & Records office

Delhi Cantt Army HQs/AG's Branch MP 5/6 and MPRS (O) - for Army officers : Naval headquarters.

DOP – for Naval Officers;;CGHQ-For Coast Guard officers /PBOR, RAJPUTANA RIFLES, Air Headquarters/ DPP & R - for Air force Officers; Air Force Records office (AFRO) - for all Air

Force PBOR.

Pune Armourd Corps; Regiment of Artillery; Army Air Defence; Mechanised Infantry; Bombay

Engineer Group (BEG), Intelligence Corps; Army Physical Training Corps (APTC),

Patna BIHAR Regiment;

Lucknow RAJPUT Regiment; SIKH Light Infantry Regiment; 11 GORKHA RIFLES; Army Medical Corps

(AMC);

Hyderabad Army Ordnance Corps (AOC), Electronic and Mechanical Engineers (EME).

Jabalpur Corps of Signals; GRENADIER Regiment; MAHAR Regiment; Jammu & Kashmir Rifles

(JAK RIF); Army Education Crops (AEC),

Jammu & Kashmir Light Infantry (JAK LI); LADAKH SCOUTS.

Guwahati ASSAM Regiment; 5&8 GORKHA RIFLES.

Chandimandir 1 & 4 GORKHA RIFLES.

Dehradun Bengal Engineer Group, GARHWAL RIFLES, Strategic Fighting Force Records.

Bareilly JAT Regiment, KUMAON Regiment, Remount & Veterinary Corps (RVC).

Allahabad 3&9 GORKHA RIFLES, DOGRA Regiment.

Ranchi PUNJAB Regiment, SIKH Regiment.

Nagpur Brigade of Guards, Army Postal Service (APS).

Mumbai CABS Mumbai.

Bangalore MARATHALI, Madras Engineers Group (MEG), PARACHUTE Regiment, Army Service Corps

(South), Army Service Corps (AT), Corps of Military Police (CMP), Pioneer Corps.

Trivandrum Defence Security Corps (DSC).

Coimbatore MADRAS Regiment.

## SAMPLE OF AFFIDAVIT (For initial application)

PUBLI	AVIT ON Rs. 10/- NON C DECLARATION							
I Serv solemr	ice No nly affirm and declare as	Rank follows:-	N	ame	(Unit	),		
I, Name_ declare 1.	wife/Fatl e as follows:- That I am/will be drawii No_	ng pension vide	hter/Sort) () (PCDA P	ension Payment	Order	olemnly affirm and		
2.	That I have the following					on this Affidavit :-		
	<u>Name</u>	Relationship	<u>Age</u>	Date of Birth	Part II Order No/CR	D/SD/POR No		
	Photo of Dependent givenship and Identification				Photo of Dependent on Photo and Identification			
(Photo	immovable property/fix 3500/- plus DA.	ined monthly inc ed deposit etc)	ome (from of my de	om all sources in ependant father ts (father/mothe	r or both) do not drav	w any pension from		
4. month,	That my child/ children & that my daughter(s) is			and is/are NOT	earning more than Rs	. 3500/- plus DA per		
5.	I shall inform the ECHS	S immediately of	his/her/t	heir employmen	t of earning more than	Rs 3500/- plus DA.		
cost of	6. That in case of any change in the status of my dependants (due to death, marriage, employment), I will inform Station Headquarters, ECHS Cell at the earliest and will stop use of ECHS facilities. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.							
7.	other Govt undertaking		•		me funded by Centra Govt Scheme.	l Govt, PSU or any		
hearing unauth	I understand that in card or used by any unaug. In addition, I will forfeorised person(s). I will the loss of my ECHS me	ithorised person eit my contributionalso be liable fo	, my me on and l or legal a	embership will b will pay the en action by the E0	e cancelled without a tire cost of expenditu CHS Organisation. I w	ny notice or further re incurred on such		
9. a mem	That in case of any mis ber, I will forfeit my mem			r tampering with	bills or attempt to defr	raud, once I become		
10. susper	I undertake that in cas ided/cancelled/ terminate		havior, o	on my part with	Polyclinic Staff, my n	nembership may be		
11. do not	I understand that the c make use of any ECHS				en amount and is not	refundable even if I		
			VERIF	ICATION				
true to	eponent above named, of the best of my knowledged d at (place)	ge and belief, and	d nothing	g material has be	en concealed or supp	ressed therefrom.		
					Signature of Depone	ent		
			ATTES	STATION				
Year Name- Name-	ed that the above statemby DEPONENT Sen r's name of second witne	vice No S/O (Father S/O (Father	Rank 's name	cName of Identifier)	W	ho is identified by and witnessed by		
(i auic	o name of second with	,,,,	WITNE	<u>ss</u>				
Signat 1.	ure of Witness No.1 (Name in Block Capital	s)			itness No.2 in Block Capitals)			

ATTESTED BY MAGISTRATE/NOTARY PUBLIC

MILITARY RECEIVABLE ORDER
Bank's Counterfoil (To be forwarded to the CDA)
(To be filled in by MRO issuing authority)

Received a sum of Rs	,				Ť					]
Total (Rs in words)										
Crores lakhs	thou	usands		h	undre	ds		Ter	ns	units
From				(n	ame of	the in	ndividu	ıal/uni	t/office	e)
By Cash/Cheque No Da										
	on account	of					as De	efence	recei	pts
BSR Code D D M I	MYY	Serial	No		(Siç	gnatur	e of th			ifficer) Officer
Bank Se	al									
De	epositor's Co (To l	ounterfo be filled						posito	r)	
Treasury/RBI/Bank										Dated
Received a sum of Rs		(Ru	ipees						Onl	y)from
(individual/Unit/Officer) on accoun	t or		TO	or cred	iit toPC	DA/C	DA			as Defence Receipt
BSR Code D D M	MYY	Serial	l No	]						
Bank So	eal									
Dı	epositor's Co (To I	ounterfo be filled						VCDA	ı)	D.1.1
Treasury/RBI/Bank										Dated
Received a sum of Rs(individual/Unit/Officer) on accour Receipt										
BSR Code D D M	MYY	Serial	No							
Bank Se	eal									
Deposit	or's Counter (To I	foil-3 (T be filled						onal C	Centre	e) Dated
Treasury/RBI/Bank Received a sum of Rs (individual/Unit/Officer) on accou Receipt										nly) from
BSR Code D D M I		Serial I	No							
Bank Se	al									

## DPDO/BANKER'S CERTIFICATE

## Certified the following:

Ser. No		Rank Name				
Pension Account No						
	(a)	Uncommuted Basic Pension	Rs			
	(b)	Dearness Pension (50% of Basic Pension)	Rs			
	(c)	DA	Rs			
			Rs			
His Pension Payment Order No .is						
Fixed Medical Allowance has been stopped w.e.f. (date)						
(Authority for discontinuation of FMA. CGDA New Delhi Circular No. 5601/AT-P/Paytt dated 17 Jun 05 and GOI, MOD letter No. 2 (a) / 01/ US(WE)/D (Res) dated 30 Dec 2002)						
Date				PDA/Bank manger/i/c DPDO (With Official Stamp)		

## INSTRUCTIONS FOR MILITARY RECEIVABLE ORDER (MRO)

Controller General of Defence Accounts (CGDA) has nominated the following Army Principal Controllers of Defence Accounts (PCsDA)/ Controllers of Defence Accounts (CsDA) for accounting the contribution made in their areas of jurisdiction.

Ser No	Regional Centre	Polyclinic under jurisdiction of Regional Centres	Name to be Entered in MRO Army PCDA CDA
1.	Jammu	Bakloh, Akhnoor, Baramulla, Baribrahmna, Doda, Jammu, Junglot(Kathua), Leh, Pathankot, Poonch, Rajouri, Samba, Shahpur, Smagar, Talwara, Uchi Bassi, Udhampur, Nagrota (Gujroo),Yol, Mandi, Chamba, Palampur, Kullu, Deragopipur,Kanabal	PCDA (NC) Jammu
2.	Delhi West	Delhi Cantt (BHDC), New Delhi (Lodhi Road), Gurgaon, Shakurbasti, Nuh, Gurgaon(Sohan Road), Khanpur	PCDA (WC) Chandigarh
3.	Delhi East	Noida, Timarpur, Faridabad, Ghaziabad(Hindon),Greater Noida, Palwal	PCDA (WC) Chandigarh
4.	Chandimandir	Chandigarh, Chandimandir, Ropar, Sarkaghat, Mohali, Ludhiana, Jagraon, Sangrur, Patiala, Fatehgarh Sahib, Samana, Nabha, Barnala, Nawansahar, Shimla, Rampur	PCDA (WC) Chandigarh
5.	Jaipur	Alwar, Behror, Hindaun City(Dist Karauli), Mahendragarh, Narnaul, Rewari, Dharuhera, Bharatpur, Bhuwana, Chirawa, Dausa, Jaipur, jhunjhunu, Nim Ka Thana, Sikar, Vidhyadhar Nagar(Sanganer), Kota	PCDA (SWC) Jaipur
6.	Pune	South Pune(Lohegaon), Sindhudurg, Panaji, Sholapur, Ahmednagar, Beel, Latur, Osmanabad, Saugor, Karad, Kolhpur, pune, Orai, Jhansi, Morena, Gwalior, Bhind, Miraj (Sangli), Khadki (Pune), Buldana, jalgaon, Dhule, Devlali, Bhopal, Amravati, Akola	PCDA (SC) Pune
7.	Lucknow	Akbarpur Matti (Kanpur Dehat), Unnao, Barabanki, Hardoi, Lakhimpur(UP), Lucknow, Raebareli, Etawah, Fatehgarh, Kanpur, Agra, Mainpuri, Etah, Barilly, Badaun, Sarsawa, Mathura, Meerut, Aligarh, Muzaffarnagar, Baghpat, Shahjanpur, Moradabad, Hathras, Bijnore, Bulandshshir, Firozabad, Rampur	PCDA (CC) Lucknow
8.	Patna	Ara, Danapur(Patna), Darbhanga, khagaria, Madhubani, Motihari, Munger, Muzaffarpur, Samastipur, Sitamarhi, Siwan, Chhapra, Vaishali, Bhagalpur, Gaya, Sasaram, Buxar	CDA Patna
9.	Jabalpur	Bilashpur, Raigarh, Indore, Mhow, Jabalpur, Satna, Raipur, Rewa, Jagdalpur,Pachmarhi	CDA Jabalpur
10.	Hyderbad	Guntur, Secunderbad, Chittor, Giddalur, Golconda, Ananthapur, Cudapah, Eluru, Golconda, Karimnagar, khammam, Kurnool, Mehbubnagar, Nellore, Secunderabad2(Bownpally), Vijaywada	CDA Secunderabad
11.	Chennai	Avadi, Chennai, Chennai(island Ground), Cuddolore, Kanchipuram, Thiruvannamalai, vellore, villupuram, Puducherry, Krishnagiri, Kumbhkonum, Nagapattinam, Thanjavur, Tambram	CDA Chennai
12.	Kochi	Alleppey, Kottayam, Kunnamkulam, Thrissur, Iritti, Kalpetta, Kanhaged, Kannur, Perintalmanna, Kozhikode, Kochi, Moovattupuzha, Painavu, Palakkad	JCDA(Navy)Kochi
13.	Guwahati	Agartala, Aizwal, Along, Lunglei, Bongaigaon, Dhubri, Churachandpur, Imphal(Leimakhong), Dibrugarh, Tinsukia, Dimapur, Goalpara, Gawahati, Jorhat, Mokokchung, Lakhimpur, Lanka, Masimpur, Misamari, shillong	CDA Guwahati
14.	Allahabad	Allahabad, Pratapgarh, Fatepur, Banda, Azmgarh, Faizabad, Gonda, Sultanpur, Ballia, Ghazipur, Jaunpr, Mirzapur, Varanasi, Basi, Deoria, Gorakhpur,	PCDA (CC) Lucknow
15.	Ambala	Ambala, Gohana, Kaithal, Karanal, Kharkhoda, Nrayangarh, Khurkshetra, Panipat, Sonepat, Yamunanagar, Nahan	PCDA (WC) Chandigarh
16.	Coimbatore	Coimbatore, Dindigul, Madurai, Srivilliputur, Theni, Tiruchirapalli, Salem, Sivagangai, Wellington	JCDA (Air force) Nagpur
17.	Dehradun	Almora, Bageswar, Ranidhet, Banbasa, Dehradun, Dharchula, Vikasnagar, Uttarkasi, Haldwani, Rudrapur, Hempur, Joshimath, Karanprayag( Gopeshwar), Rudraprayag, Kotdwara, Landsdowne, Pauri Garhwal, pithoragarh, Raiwala, Tehri, Roorkee	PCDA (CC) Lucknow
18.	Hissar	Abohar, Bahadurgrah, Bhiwani, Charki Dadri, Didwana, Fatehabad, Hissar, Jhajjar, Jind, Kosli, Lohara, Meham, Narwana, Rohtak, Sampla, Bathinda, Mansa, Bikaner, Churu, Nagaur, Rajgarh, Siirsa,Sriganganagar, Suratgarh	PCDA (SWC) Jaipur
19.	Nagpur	Amla, Nagpur, Wardha, Amravati, Akola, Yavatmal	JCDA (Air force) Nagpur
20.	Visakhapatam	Angul, Balasore, Bhubneswar, Dhenkanal, Puri, Kakinada, Srikakulam,Vishakapatnam, Ramnathapuram, Port Blair	ACDA (Navy) Visakhapatanam
21.	Mumbai	Mumbai, Chiplun, Mahad, karwar, Mumbai(Upnagar), Thane (Nerul), Vasco-da-gama, COD Kandivali	PCDA (Navy) Mumbai
22.	Kolkata	Barrackpore, Salt lake, Midnapur, Kolkata, Baruipur, Howrah, Benguri, Bankura, Cooch Behar, Gangtok, Kalimpong, Katihar, Krishananagr, Katihar, Krishananagr, Behrampur, lebong(Darjeeling)	CDA Guwahati

23.	Ahmedabad	Ahmedabad, Ajmer, Barmer(Jalipa), Bhuj, Jaisalmer, Jamnagar, Jodhpur, Shergarh, Pali, Rajsamand, Dungarpur, Vadodra, Surat, Udaipur	PCDA (Air force) Dehradun
24.	Bangalore	Bangalore, Hassan, Belgaum, Bijapur, Dharwad, Gulbarga, Bidar, Tumkur, Yeahanka(Bangalore), Kolar, Madekeri, Manglore, Shimoga, Virarajendrapet, meg Banglore, Mysore	JCDA (Air force) Nagpur
25.	Barilly	Agra, Etah, Firozabad, Bagpat, Bijnor, Muzaffarnagar, Mainpuri, Meeurt, Hathras, Aligarh, Mathura, Moradabad, Rampur, Badaun, Barilly, Bulandshahar, Saharanpur(Sarsawa), Shahjanpur	PCDA Meerut
26.	Jalandhar	Ajnala, Amritsar, Batala, Gudaspur, Beas, Bilaspur, Faridkot, Moga, Muktsar, Ferozpur, Garhshankarn (Mahalpur), Hamirpur, Una, Suranassi, Hoshiarpur, Ghumarvin, Barsar, Jalandhar,Kapurthala, Nawansahar, Phagwara, Sultanpuri Lodhi, Jogindernagar	PCDA (WC) Chandigarh
27.	Ranchi	Behrampur, Bhawanipatna, Koraput, Sambalpur, Chaibasa, Dalatganj, Gumla, Ranchi, Dhanbad, Deogarh, Jamshedpur	CDA Patna
28.	Trivandrum	Changanacherry, Kilimanur, Kottarakara, Mavelikara, Nagarcoil, Pathanamthitta, Ranni, Trivandrum, Trivandrum (Med College), Tuticorin, Quilon (Kollam), Tirunelvli	