

APPLICATION FORM FOR ADDITION / DELETION

Employee Code

1. NO. OF CGHS IDENTITY CARD
2. NAME OF THE GOVT. SERVANT
3. MINISTRY/OFFICE IN WHICH WORKING –

4. NEW ADDITION/DELETION

Sl.no.	Name	Date of Birth	Relation

5. SIGNATURE OF GOVT. SERVANT / : _____
THUMB IMPRESSION.

Date :

6. SIGNATURE AND DESIGNATION OF : _____
ISSUING AUTHORITY / SEAL