



APPLICATION FOR CGHS CARD

Applying for CGHS card for the first time.

Applying for a pensioner CGHS card, I had a CGHS card while in service or I lost my CGHS plastic card, and applying for issue of another. Please enter the CGHS Beneficiary ID of the card held by you earlier

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1. Name of the Applicant:

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2. Category:

- Departmental {Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/
- DGHS / CGHS} Services {Please Tick Services if you belong to any specific organized service}
- Pensioners
- Others (Pl. Specify)

3. Name of Department / Service

4. Designation Gazetted Non-Gazetted

5. Scale of Pay ... **Present Pay**

(Present pay pre-revised Rs)

6. Last Pay / Basic Pension (in case of Pensioners)

7. Official Address

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8. Residential Address:

9. Telephone Number: (O) (R) (M)

10. e-mail ID:

11. Date of Superannuation (please write in DD/MM/YYYY format)

12. Are you on Deputation (Central Deputation): Yes / No

13. If yes, likely completion of deputation:

14. Are your services transferable to other cities: Yes / No

15. Details of Family - {* Please see definition of Family given on Page No. 4 before filling up this column}

S.No.	Name of Family member	Relationship to CGHS Card Holder*	Date of Birth** (compulsory)	Blood Group (optional)

{**Please attach Proof of age of in case of sons}

16. Are all the people whose names are given above are dependent upon you and are residing with you?.....

{Please attach proof of their staying with you, like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc.,}

17. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below and mention their S. No. and Name as filled in the table above.

S.No Name	S.No Name	S.No Name	S.No Name	S.No Name
S.No Name	S.No Name	S.No Name	S.No Name	S.No Name

Signature of Applicant:

UNDERTAKING BY APPLICANT

- I Undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.
- I Undertake to surrender the CGHS Card(s) on my leaving the Ministry / Office on transfer; retirement; termination; Resignation; or on ceasing to be eligible for CGHS benefits.
- 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.

(Signature of Applicant)

(TO BE FILLED BY THE SPONSORING AUTHORITY)

In case of serving employees/ serving employees about to superannuate in 6weeks'time

The information furnished by the applicant has been verified and found to be correct. It is recommended that a CGHS Card be issued to Shri/Smt./Kumari, Designation in this Ministry /Department / Organization. Instructions are issued to the concerned Division to start deducting CGHS Subscriptions every month from the salary of the applicant / CGHS Subscriptions are deducted every month from the salary of the applicant. I am the authorized sponsoring authority for the issue of CGHS Card and approval of the Competent Authority has been obtained.

No.

Date:

(Signature & Name of the Sponsoring Authority)

Designation (stamp) with Telephone

(For CGHS Pensioners making card first time)

Verified- by

Name, Signature and Stamp of Authorized signatory, CGHS

S.NO	DOCUMENTS TO BE ENCLOSED FOR CGHS CARD (SERVING)	DOCUMENTS TO BE ENCLOSED FOR CGHS CARD (PENSIONER)
1.	Proof of age of son (in case son is a dependent)	Proof of age of son (in case son is a dependent)
2.	Self-attested copy of Disability certificate issued by Medical Board of Government hospital (in case of dependent son aged 25 and above)	Self-attested copy of Disability certificate issued by Medical Board of Government hospital (in case of dependent son aged 25 and above)
3.	Pay slip of serving employee	Self-attested PPO/ Provisional PPO or Last pay certificate
4.	Address proof	Copy of Bharatkosh Challan for CGHS subscription paid
5.	Documents proving dependency of family members (wherever applicable)	Proof of availing/ non availing FMA
6.	Copy of ID proof of dependent family members (Passport, PAN Card, Masked Aadhar, voter ID card etc.)	Copy of ID proof of dependent family members (Passport, PAN Card, Masked Aadhar, voter ID card etc.)
		Address proof
		Documents proving dependency of family members (wherever applicable)

Instructions

Definition of Family:

1. Husband / Wife (First wife only)
2. An employee has a choice to include either dependent parents or dependent parents – in law; for the purpose of availing the benefits under CGHS subject to the conditions of dependence and residence, etc., being satisfied.
3. If adoptive father has more than one wife, the first wife only.
4. Children including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.
(vi)	Dependent minor children of widowed/ separated daughters	Up to the age of becoming a major

For the purpose of availing CGHS facility for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

“Disability” will be AS DEFINED IN RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016 “ WHICH IS DEFINED BELOW

“DISABILITY” MEANS (benchmark disability of 40% vide F. No. 4-24/96-C&P/CGHS(P)/EHS dated 7th May 2018)

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Hemophilia
18. Sickle Cell disease
19. Multiple Disabilities including deaf
20. Acid Attack victim
21. Parkinson's disease

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000*/+DA-per month are treated as dependents and are normally residing with CGHS beneficiary.

The Following Documents are to be enclosed:

- I. Proof of Residence / Stay of dependents – {copy of Ration Card / Election ID / Passport / Identity Card issued by College / School / University / Bank Pass Book, etc.,}
- II. Proof of age of son
- III. Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above).

For Pensioners applying for CGHS card for the First time the following Additional Documents are required:

- I. Surrender Certificate of CGHS Card while in service (if applicable)
- II. Attested copies of PPO /Last Pay Certificate
- III. **Copy of Bharatkosh transaction Challan as proof of payment of CGHS subscription made.**

Contribution by Pensioners should be made through Bharatkosh portal only. Please see following page for list of peripheral cities and concerned CGHS administrative city. For steps to be followed for making Bharatkosh payment, please visit the link: <https://youtu.be/EwPHjMpmnts?si=UleAHW2QJF2cAKZh>

S.no	CGHS MAIN CITY (Administrative heads)	Cities covered under Main City
1	Ahmedabad	Ahmedabad, Vadodara, Gandhinagar
2	Allahabad	Prayagraj, Varanasi
3	Bangalore	Bengaluru, Mysuru
4	Bhopal	Bhopal, Indore
5	Bhubaneswar	Bhubaneswar, Berhampur, Cuttack
6	Chandigarh	Chandigarh, Panchkula, Jammu, Srinagar, Shimla, Ambala, Amritsar, Jalandhar
7	Chennai	Chennai, Coimbatore, Trichy, Tirunelveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada, Vishakhapatnam
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishapore
16	Lucknow	Lucknow, Agra, Bareilly, Gorakhpur
17	Meerut	Meerut, Saharanpur, Moradabad, Aligarh, Baghpat
18	Mumbai	Mumbai, Nashik, Panaji
19	Nagpur	Nagpur, Raipur, Chandrapur
20	Patna	Patna, Darbhanga, Gaya, Chapra, Muzafferpur
21	Pune	Pune, Chatrapati Sambhaji Nagar (Aurangabad)
22	Ranchi	Ranchi, Dhanbad
23	Shillong	Shillong, Agartala, Imphal
24	Trivandrum	Trivandrum, Calicut, Trichy, Kannur