Form BB

CENTRAL GOVERNMENT HEALTH SCHEME
Application Form for Renewal of CGHS Card (Pensioners)

1. **Name of the applicant:**   **CGHS Card No.:**

2. **Basic Pension / Grade Pay as indicated in PPO / LPC:**

3. **Ward Entitlement:**

4. **Contact No.:**   **Email ID:**

5. **Residential Address:** ……………………………………………………………………………………………………..

    ……………………………………………………………………………………………………….

6. **Details of Family:**

Paste ID size photograph of dependent family member here	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				
Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				

Bharatkosh Transaction Challan No…………………………………dated ……………………paid to PAO ……………………………
for Rs ……………………………………(Amount in words).
Attach copy of Bharatkosh Transaction Challan with this form.

DECLARATION

       I hereby declare that the statements made above are true and correct and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Dated: **Signature of CGHS card holder**

………

FOR OFFICIAL USE

       The information furnished by the applicant has been verified and found to be correct and CGHS subscriptions and copy of Bharatkosh Transaction Challan for payment of CGHS subscription has been attached with this form.

Dated:

CGHS Wellness Centre   **Signature of *CMO I/c/***

Dealing Assistant (with seal)

INSTRUCTIONS

- o Self- attested photocopy of old CGHS cards should be attached with the application form.
- o Definition of family under CGHS should be referred to prior to filling the details of family.
- o For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
- o A copy of the PPO or **LPC,** and address proof of residence / affidavit (in case of change in address) should be attached.
- o 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 below table for peripheral city and concerned CGHS administrative city. For steps to be followed for making Bharatkosh payment, please visit the link: https://youtu.be/EwPHjMp_mts?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, Tirunalveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada,
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishapore
16	Lucknow	Lucknow, Agra, Bareily, 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