

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

Date :

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