



CENTRAL GOVERNMENT HEALTH SCHEME

NOMINATION FORM

(When the pensioner CGHS beneficiary wishes to nominate a person to claim the medical reimbursements from CGHS in the event of his/her death)

I, hereby nominate the person/persons mentioned below and confer him/her the right to receive the amount of medical reimbursement(s) in the event of my death, as have become admissible as per the laid down guidelines under CGHS and remained unpaid, at the time of my death.

Original Nominee			Alternative Nominee
Name & Address of the person nominated by the CGHS beneficiary	Relationship, if any, with the CGHS beneficiary	Age	Name & address of the person, if any, to whom the right, conferred on the nominee shall pass in the event of the nominee pre-deceasing the CGHS beneficiary or the nominee dying after the death of the CGHS beneficiary but before receiving the medical reimbursement from CGHS

Dated this..... day of 20..... at(Place).....

(Signature of the beneficiary)

Name:
Address:

CGHS Card / Ben ID No.
Contact No:

Witness:

1.

Signature of witness
Name:
Address:

2.

Signature of witness
Name:
Address:

FOR OFFICIAL USE

Particulars of nomination received and entered in Nomination Register at

Sr. No..... dated.....

Dated:
CGHS Wellness Centre :

Signature of CMO In-charge
(with seal)