

प्रधान महालेखाकार का कार्यालय (लेखापरीक्षा-I), ओडिशा :: भुवनेश्वर  
OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT-I)  
ODISHA: BHUBANESWAR.

परिपत्र संख्या 81 दिनांक 23.02.2026.

CIRCULAR No. 81 dated 23.02.2026.

मौजूदा लाभार्थियों के परिवार के सदस्यों को जोड़ने के लिए नए सीजीएचएस कार्ड के आवेदन हेतु सीजीएचएस पोर्टल में हाल ही में एक बदलाव किया गया है। सीजीएचएस कार्ड के लिए नए ऑनलाइन आवेदन में "लाभार्थी के आश्रितों का विवरण कार्यालय की मुहर/सेवा प्रमाण पत्र/अन्य दस्तावेज़ सहित" अपलोड करना आवश्यक है, जो पहले प्रचलित नहीं था। इस परिवर्तित स्थिति में, सीजीएचएस कार्ड के लिए सरकारी कर्मचारी के परिवार के सदस्यों की आश्रितता के प्रमाणीकरण हेतु एक नया स्व-घोषणा पत्र लागू किया जाना आवश्यक है।

अतः, प्रधान महालेखाकार (लेखापरीक्षा-I), ओडिशा कार्यालय, महालेखाकार (लेखापरीक्षा-II), ओडिशा कार्यालय और उप निदेशक (सीआरए) कार्यालय, भुवनेश्वर शाखा कार्यालय के सभी अधिकारियों/कर्मचारियों से अनुरोध है कि वे अपने परिवार के सदस्यों का आवश्यक विवरण निर्धारित प्रपत्र (संलग्न) में, उनके परिवार के सदस्यों की जन्मतिथि और सरकारी कर्मचारी पर उनकी आश्रितता के प्रमाण से संबंधित आवश्यक दस्तावेजों के साथ प्रस्तुत करें, ताकि सरकारी कर्मचारी द्वारा सीजीएचएस कार्ड के नवीनीकरण/नए आवेदन के दौरान उनके नाम सीजीएचएस कार्ड में शामिल किए जा सकें। आश्रित परिवार के सदस्यों के नाम सीजीएचएस कार्ड में शामिल करने के लिए कोई अन्य प्रपत्र स्वीकार नहीं किया जाएगा।

There has been a recent change in CGHS portal for application of new CGHS card for addition of family members of existing beneficiaries. The new online application for CGHS card requires uploading "dependent details of the beneficiary with office stamp/ service certificate/ misc. document", which was not prevailing in earlier practices. In the changed scenario, a fresh self-declaration form needs to be implemented regarding certification of dependency of family members of the Government servant for CGHS cards.

Hence, all Officers/Officials of the Office of the Principal Accountant General (Audit-I), Odisha, Office of the Accountant General (Audit-II), Odisha, Office of the Deputy Director (CRA), Branch Office at Bhubaneswar are hereby requested to furnish the necessary details of their family members in the prescribed form (enclosed) along with requisite documents for date of birth of their family members and proof of dependency of their family members on the Government servant, for inclusion of their names in their CGHS cards during renewal/ fresh application of CGHS card by the Government servant. No other form will be accepted for inclusion of names of dependent family members in CGHS card.



वरिष्ठ उप महालेखाकार/प्रशासन (लेखा परीक्षा-I)

Copy forwarded for information and necessary action to the: -

1. Secretary to the Principal Accountant General (Audit-I), Odisha, Bhubaneswar.
2. Secretary to the Accountant General (Audit-II), Odisha, Bhubaneswar.
3. Steno to Deputy Director (CRA), O/o the DGA (Central) - Branch office at Bhubaneswar.
4. Steno to Sr. DAG/ DAG (AMG-I/ AMG-II/ AMG-III /AMG-IV/ AMG-V/ Admn)
5. Sr. Audit Officer/ Welfare
6. Sr. Audit Officer/Admn, O/o the Accountant General (Audit-II), Odisha, Bhubaneswar with a request to circulate this among all the officers/officials working under their control including field parties.
7. Sr. Audit Officer/Admn, O/o the Deputy Director (CRA), Branch office at Bhubaneswar with a request to circulate this among all the officers/officials working under their control including field parties.
8. The Branch Officers in-charge (Coordination/ Vetting) of AMG-I/ AMG-II/ AMG-III/ AMG-IV/ AMG-V with a request to circulate this among all the officers/officials working under their control including field parties.
9. The Branch Officers in-charge of Report (Main/ ECPA)/ PAC / OE / OM-I&II/ Estate/ Legal/ T&E/ ITA/ Conf. Cell/ Rajbhasha Cell.
10. AAO/ DA&RC to upload in office website
11. Notice Board
12. Guard file/ Spare

वृत्त चरणा जाग  
23.02.2026  
वरिष्ठ लेखापरीक्षा अधिकारी/प्रशासन (लेखा परीक्षा-I)

**FORM FOR ADDITION/ REMOVAL OF DEPENDENT FAMILY MEMBERS IN CGHS**

Name of the Government Servant:

Designation:

Basic Pay and Pay Level:

Present Office in which posted:

Details of Family Members:

<b>Name of the Family Member</b>	<b>Date of Birth</b>	<b>Document submitted as Proof of D.O.B.</b>	<b>Relationship with the Government Servant</b>	<b>Whether dependent/ independent on the Government servant</b>	<b>Document submitted as Proof of dependency on the Government servant</b>	<b>Remarks</b>

I hereby affirm that the information given above and the enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that concealment of facts and giving false information will render me liable to disciplinary action.

Date:

Place:

**Signature of the Government Servant**

Based on the declaration and supporting documents furnished by the government servant for inclusion of the names of their family members under CGHS facilities, the above family members of the government servant are dependent on him/ her as on date.

**Signature of Head of Office with Stamp**