APPLICATION FORM FOR ADDITION / DELETION

Emp loyee Code

1. NO. OF CGHS IDENTITY CARD
2. NAME OF THE GOVT. SERVANT
3. MINISTRY/OFFICE IN WHICH WORKING –
4. NEW ADDITION/DELETION

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| Sl.no. | Name | Date of Birth | Relation |
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1. SIGNATURE OF GOVT. SERVANT / : THUMB IMPRESSION.

Date :

1. SIGNATURE AND DESIGNATION OF : ISSUING AUTHORITY / SEAL