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**APPLICATION FORM FOR ADDITION/DELETION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name | Date of Birth | Relation |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

5. SIGNATURE OF GOVT. SERVANT

Name :

Section :  
Date :

1. SIGNATURE AND DESIGNATION OF

ISSUING AUTHORITY/SEAL

1. SIGNATURE OF MEDICAL OFFICER

Note : Form must be filled in triplicate along with the photographs and submit to Administration-I