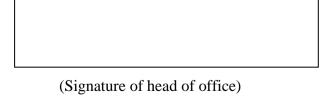
Form for availing Medical Facilities under central Government Health Scheme or Fixed Medical Allowance after retirement.

. I reside/will be residing at the following address:			
Flat/House No/Bldg. Name	Street/Locality		
Village & Post Office/Block	City & District		
State	Pin Code		

2.	I opt the following facility:	(Please tick any or	ne of the following)	
i.	I will be residing in a CGHS area and would b facility	e availing CGHS		
ii.	I will be residing in a CGHS area but would not be facility. I understand that I will not be eligible for Allowance (FMA)	0		
iii.	I will be residing in non-CGHS area but would b facility for In – Patient Department (IPD) and Out-p (OPD) treatment. I will not be eligible for FMA	Ũ		
iv.	I will be residing in a non-CGHS area but would be facility for IPD treatment only by payment of CGH will also avail FMA for OPD treatment	•		
v.	I will be residing in a non-CGHS area and woul CGHS facility for both IPD treatment and OPD trea FMA.			
vi.	I will avail medical facilities available to spouse/fan is an employees/pensioner of Government/ PSU/A I will not avail CGHS facility and FMA	•		
vii	. Avail medical facility of previous organization. I wi facility and FMA	ll not avail CGHS		
op	This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable.			

Name of the retiring		Mobile No.	
employee/pensioner:			



(Signature of applicant)