INDEX CARD

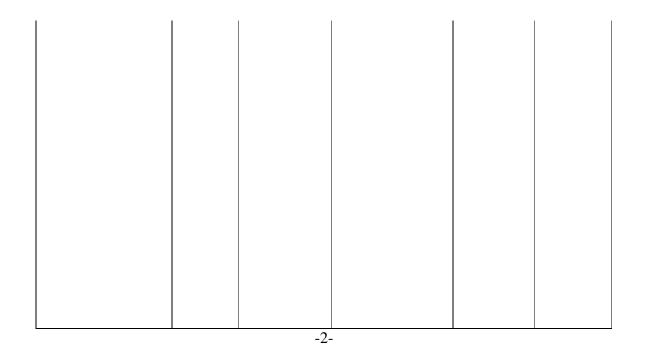
Date of Superannuation _____

Govt. of NCT of Delhi

Health and Family Welfare Deptt.

DELHI GOVT. HEALTH SCHEME

	(In full and block	letters)					
2.	Deptt./Office in w	hich emple	oyed :				
3.	Residential Addre	SS	:				
4.	Nearest Delhi Gov	/t. Dispens	ory/ Hospital	:			
5.	Details of family r	nembers	:				
Na	ame	Date of Birth	Relationshi p	Name	Date Birth	of	Relations hip



I hereby declare that :-

(a) My father / mother namely _______
Is / are wholly / mainly dependent upon me and that he / she/ they normally residing with me in ______

______. The total monthly income of my father / mother does not exceed my pay plus dearness pay (where applicable) and that it does not also exceed Rs. 500/- per month.

- (b) My son / brother ______ years is unemployed wholly dependent on me.
- © My daughter / sister ______age years is unmarried / unemployed and wholly dependent on me.
- (c) I undertake to surrender the Identity Card on my leaving the Deptt./office on transfer / retirement / termination of service, resignation etc.

Signature / Thumb Impression of Government Employee.

Dispensary _____

Signature / Thumb Impression of Government Employee.

Date on which Identity Card Issued

Certified that Index / Identity Cards has / have been scrutinized by the issuing Authority and correctly issued in accordance with the rules and orders issued by the Deptt. Of Health & Family Welfare.

OFFICE STAMP SIGNATURE & DESIGNATION OF ISSUING AUTHORITY

Cont. 3/-

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PROFORMA FOR OPTION

I, _____, hereby opt the Scheme for providing medical facilities to the employees/ pensioners of Delhi Govt. w.e.f

I do not opt the Scheme as my wife/husband is a member of C.G.H.S. She/ He will avail medical facilities under C.G.H.S. and he / she will get re-imbursement of Medical treatment in respect of family for special treatment.

My wife / husband is employed / not employed in Govt. Department at _______. She/ He will not get the reimbursement of special treatment from her/his employer.

The contribution @ Rs._____p.m. may be deducted from my salary for the month of ______ onwards.

Signature

Name

Designation	
U	

Branch/Deptt. _____