

APPLICATION FORM FOR ADDITION / DELETION

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

Sl.No.	NAME	DATE OF BIRTH	RELATION

SIGNATURE OF GOVT. SERVANT
THUMB IMPRESSION

DATE:

Section/Branch :
Intercom Telephone No. :
E-Mail :

SIGNATURE AND DESIGNATION OF
_____ ISSUING AUTHORITY/SEAL

SIGNATURE OF MEDICAL OFFICER

Note: Form must be filled in triplicate along with the photographs and submit to
Administration-1