

TRANSFER OF DISPENSARY

1. CGHS card No.
2. Name of Government servant
3. Ministry/Department/Office in which employed **ICMR, New Delhi**
4. Previous residential Address and dispensary from which transferred
5. New Residential Address
6. Signature/Thumb impression
7. New Dispensary allotted by issuing authority
8. Signature & Designation of issuing authority (with Telephone No.)
9. Signature of Medical Officer in-charge Dispensary from which transferred
10. Signature of Medical Officer in-charge dispensary to which transferred.