

## 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	Relationship

5. SIGNATURE OF GOVT. SERVANT / THUMB IMPRESSION. \_\_\_\_\_

Date :

6. SIGNATURE AND DESIGNATION OF ISSUING AUTHORITY / SEAL \_\_\_\_\_

7. SIGNATURE OF MEDICAL OFFICER \_\_\_\_\_