

APPLICATION FOR MEDICAL IDENTITY CARD FOR AVAILING MEDICAL FACILITIES FROM POSTAL DISPENSARY

TO,

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- 1: Name of the Govt. Employees
(IN CAPITAL LETTERS).
- 2: Designation:
- 3: Office in which employed:
- 4: Residential Address:

DETAILS OF FAMILY MEMBERS

The existing definition of family for CGHS which read as “FAMILY” means husband Or wife as the case may be, and parents, sisters, widowed sisters, widowed daughters, minor Brothers, children and step children wholly dependent upon the Govt. Servant and are normally residing with the Govt. Servant would also now include dependant brothers, dependant divorced/separated daughters and step mothers.

SL No.	NAME	Date Of Birth	Relationship
1			
2			
3			
4			
5			
6			
7			
8			

DECLARATION

1. I hereby declare that my father/mother is/are solely dependant upon me and he/she/they is/ are normally residing with me at Bhubaneswar. I also declare that total monthly income of my Father/mother does not exceed Rs.1500/- per month.
2. I declare that my son/sons is/are unemployed and wholly dependant on me.
3. I declare that my daughter/daughters is/are unmarried/unemployed tili date.
4. I undertake to surrenderthr identity card on my leaving the Office on transfer/retirement/termination of service/resignation etc.

Place:-

Date:-

Sign Of Govt. Servant.

FOR OFFICE USE ONLY

Identity card No.----- Date of Issue-----

No.WL/15/03/2001 Dated at Bhubaneswar the ----- Copy

Forwarded to:- 1 The CMO I/C Postal Dispensary Bhubaneswar, for information. He ia requested to issue the Patient's History Bookto the beneficiary early.

Signature and Designation of Issuing Authority