



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058
CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India
Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748
EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

APPLICATION FOR NEW CGHS CARD FOR SERVING EMPLOYEES OF CENTRAL GOVERNMENT AUTONOMOUS BODY

1. Name of the Applicant : _____
(in capital letters)
2. Category : _____
(Please Tick Departmental if you are posted in the Ministry of AYUSH/Autonomous Body/CGHS) Departmental Services
3. Name of the Department : Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Govt. of India, New Delhi-110058
4. Name of the Service : -NA-
(In case of All India/Central Services- IAS/IPS. Etc.)
5. Designation : Gazetted Non-Gazetted
6. Pay Band: Rs. : Present Pay Rs. _____ Grade Pay Rs. _____
(Current Pay Slip may be enclosed)
7. Official Address : _____

8. Residential Address : _____

9. Telephone Number : (O) _____ (R) _____ (M) _____
10. E-mail ID : _____
11. Date of Superannuation : ____/____/____
12. Are you on Deputation : Yes/No
(Central Deputation)
13. If yes, likely date completion of Deputation : _____
14. Are your services transferable to other cities : Yes/No

Contd.....on..2/-

| 15. | Details of Family (*Please see definition of Family before filling up this column) | | | |
|--------|--|--|-------------------|---------------------------|
| SI.No. | Name of Family Member (in Capital letters) | Relationship with CGHS Card Holders | Date of Birth (#) | Blood Group (Optional) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

(# Please attach Proof of age of Persons mentioned above)

16. Are all the persons whose names are given above Yes/No
are dependent upon you and are residing with you?
(Please attach proof of their staying with you, like copy of Ration Card/Election)

17. Paste one ID Card Size of Photograph of each member of family (including self) whose names are proposed to be included as part of your family in the space given below:-

S.No..... S.No..... S.No..... S.No.....
Self

S.No..... S.No..... S.No..... S.No.....

I undertake to intimate to CGHS/Department immediately if there is any Change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS/Department comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and/or appropriate authority will be free to initiate any action against me.

I undertake to surrender the CGHS Card(s) on my leaving the Ministry/Office on transfer/retirement/termination/resignation or on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and stand by the same.

Enclosures:- Current Pay Slip (Govt. employee) card photo copy/Proof of Residence/Stay of dependents/Proof of age of each members. Disability certificate, if age of son is above 25 years.

Dated : _____ Signature of Applicant _____

Place : _____ Full Name :- _____

Designation : - _____



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्
आयुष मन्त्रालय, भारत सरकार
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जानकपुरी, नई दिल्ली-110058
CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
Ministry of AYUSH, Govt. of India
Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748
EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

(TO BE FILLED BY THE SPONSORING AUTHORITY OF SERVING EMPLOYEES OF AUTONOMOUS BODY)

The information furnished by the applicant has been verified and found to be correct. It is recommended that a CGHS Card be issued to Dr./Sh./Smt. _____
Designation _____ in this Ministry/Department/Council instruction are issued to the concerned Division to start deducting CGHS subscriptions every month from the salary of the applicant. I am authorized sponsoring authority for the issue of CGHS Card and approval of the competent authority has been obtained.

No. :

Date: _____

Tel. 28525862, 28525831 & 28525897 (intercom No. 207)
Signature & Name of the Sponsoring Authority
(Stamp with Tel. Number)

To,

**The Additional Director (HQ) (CGHS),
Office of the Additional Director (HQ),
Central Government Health Scheme, Govt. of India,
CGHS Building, Sector-13, R.K. Puram,
New Delhi-110022**

**Verified-by Authorized Signatory, CGHS (HQ),
CGHS Wellness Center (a.k.a. Dispensary) Allotted
_____ entitlement.**

*(to be filled by CGHS)

Signature with Stamp



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058
CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India
Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748
EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

“Non Employment Certificate”

This is to certify that Sh./Smt./Ms. _____
is wife/Husband/Daughter of Sh./Smt. _____ is
not employed in any Private/State/Central Govt. Organization.

Dated : _____

Signature _____
Full Name _____
Designation _____
Address _____

Counter Signature of the Officer In-Charge/
Institute/Centre/Unit/Unit (Along-with seal)



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India

Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748
EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

"Dependency Certificate"

I, _____ declare that my mother/father namely
Sh. _____ Smt. _____ Age _____ years is entirely
dependent upon me and is permanently residing with me with effect from _____. I,
further declare that my mother/father is not an earning member and his/her total monthly income
from all sources including income from land holding/rent on building etc. is Rs. _____/- Nil.

Dated : _____

Signature _____
Full Name _____
Designation _____
Address _____

Counter Signature of the Officer In-Charge/
Institute/Centre/Unit/Unit (Along-with seal)



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India

Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748

EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

F. No.

Dated:

TO WHOMSOEVER IT MAY CONCERN

This is certify that Sh./Smt./Ms. _____
husband/wife/Daughter of Smt./Sh. _____ is working
in our Office/Department/Council as _____
neither granted any medical allowances nor any Medical Facility from this
Office/Department/Council.

Signature of the Officer
(Full name of the Officer)
With Seal

To,

Sh. _____



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लाक, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India

Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748
EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

JOINT DECLARATION FORM

I, _____ hereby jointly declare
that my husband/wife Sh./Smt. _____ who
employed in _____
_____ will not
prefer Medical Claim from his/her Office.

Dated: _____

Place: _____

Signature of the employee.

Full Name _____

Designation _____

Office: _____

Signature of the husband/wife.