

PROFORMA FOR OBTAINING CGHS BENEFICIARY CARD FOR AVAILING MEDICAL FACILITIES FOR RETIRED EMPLOYEES OF KVS RO/KVs IN HYDERABAD AND SECUNDERABAD WHO WERE HOLDING CGHS CARD AT THE TIME OF RETIREMENT

S No	Particulars	Details to be furnished in Cap. letters			
1	Name of the Retired Employee				
2	Designation				
3	Name of the KVS RO/KV from where retired.				
4	Date of Retirement				
5	Basic Pay / Grade Pay at the time of retirement				
6	Pension Order No. & Date (<i>Copy to be the enclosed</i>)				
7	Amount of Medical Allowance drawn alongwith Pension.				
8	GPF or CPF Optee	GPF / CPF			
9	Name & Branch of the Pension disbursement Bank				
10	Certificate from Pension Disbursement Bank – <i>Stoppage of Fixed Medical Allowance.</i>				
11	Permanent Address declared in Pension Papers.				
12	Present Address (<i>Address Proof – copy to be enclosed</i>)				
13	Old CGHS beneficiary Card No. & Dispensary No.	Card No. _____ Disp. No. _____			
14	Surrender Certificate/letter of CGHS Card (<i>copy to be enclosed</i>)				
15	Details of dependent family members as on date. (Name, Date of Birth/Age & Relationship) (<i>copy of DOB proof to be enclosed</i>)	S No	Name	DOB/Age	Relation ship
16	Computer generated application for Registration.	No. _____ dated _____			
17	Two Passport size Photographs of Self and Dependents	One Photograph to be affixed with the computer generated application & <i>another to be enclosed.</i>			
18	Demand Draft for Rs. _____ being the advance payment for annual subscription in favour of <i>“Kendriya Vidyalaya Sangathan, Regional Office, Hyderabad”.</i>	DDNo. _____ Date _____			
19	Any other information				

Note: The CGHS beneficiary Card should be renewed within 30 days before expiry.

I hereby give an under taking that I shall avail the medical facilities through CGHS. I agree to forgo the monthly Medical Allowance in lieu and pay yearly subscription for issue of CGHS beneficiary card and will not request for any change in the procedure later on. The information submitted above is true to the best of my knowledge and belief.

Signature of the Pensioner

Date:

Attestation of the Administrative Officer / Principal, certifying that the above employee is retired from KVS RO / KV _____ on _____.

Date:

ADMINISTRATIVE OFFICER / PRINCIPAL.