

APPLICATION FORM FOR "FAMILY PENSIONER CARD"

To  
The Additional Director,  
Central Government Health Scheme,  
6, Esplanade East (Ground Floor)  
Kolkata-700069.

Sir,

It is intimated that my husband/wife Late.....  
holder of CGHS Card No. P..... has expired on .....  
(Photocopy of Death Certificate attached).

As being the widow/widower of Late.....  
I the undersigned, am earnestly requesting you to transfer the same CGHS Index/Identity  
Card in my name as per existing rules.  
Family Pensioner CGHS Card will be issued on Tuesday & Thursday from 11 A.M  
to 1 P.M.

My Family (as per terms Family) details including myself are as follows:

Sl. No	Name	Date of Birth	Relationship

All my family members mentioned above are fully dependent on me.

Date: \_\_\_\_\_

Yours faithfully

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Full signature of the Applicant)

Phone No. \_\_\_\_\_

Enclosure:

1. Old CGHS Card No. P \_\_\_\_\_
2. Photocopy of Death Certificate with the Original.
3. Two passport size coloured photograph of each individual.
4. Pension Book/P.P.O in original with Photocopy.
5. Bankers Cheque/Pay order of Rs. \_\_\_\_\_  
in favour of "Additional Director CGHS, Kolkata". If applicable.
6. Break-up of Family Pension in details. Certificate will be collected from Bank/Post  
Office/ Pension disbursing authority.
7. Any other documents may be required on case to case basis.