**जोड/घटाव के लिए आवेदन फार्म**

**APPLICATION FORM FOR ADDITION/DELETION**

**कर्मचारी कोड/Employee Code:**

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| --- | --- | --- | --- |
|  | सीजीएचएस पहचान कार्ड की संख्‍या/ NO. OF CGHS IDENTITY CARD  | : |  |
|  | सरकारी कर्मचारी का नाम/NAME OF THE GOVT. SERVANT | : |  |
|  | मंत्रालय / कार्यालय जिसमें कार्यरत है/ MINISTRY/OFFICE IN WHICH WORKING | : |  |
|  | नई जोड /घटाव /NEW ADDITION/DELETION | : |  |

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| --- | --- | --- | --- |
| **क्र.सं. Sl.No.** | **नाम/ Name** | **जन्‍म तिथि/Date of Birth** | **संबंध /Relation** |
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|  | सरकारी कर्मचारी का हस्‍ताक्षर/अंगूठे का निशान/ SIGNATURE OF THE GOVT. SERVANT THUMB IMPRESSION/ | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

तारीख /Date :

|  |  |  |  |
| --- | --- | --- | --- |
|  | जारी करने वाले प्राधिकारी का हस्‍ताक्षर एवं पदनाम /मुहरSIGNATURE AND DESIGNATION OF ISSUING AUTHORITY/SEAL | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |