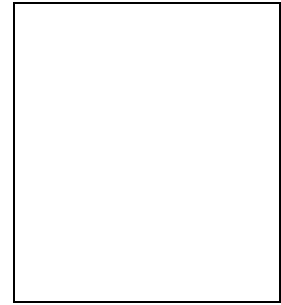


APPLICATION FORM FOR ADDITION/DELETION



1. NO. OF CGHS IDENTITY CARD :
2. NAME OF THE GOVT. SERVANT :
3. OFFICE/DEPARTMENT IN WHICH WORKING
4. NEW ADDITION/DELETION :

Sl. No.	Name	Date of Birth	Relation

5. SIGNATURE OF GOVT. SERVANT

Name :

Section :

Date :

6. SIGNATURE AND DESIGNATION OF
ISSUING AUTHORITY/SEAL

7. SIGNATURE OF MEDICAL OFFICER