

APPENDIX-V

Deletion/Addition to family

No. Admn-II/1130-CGHS/D/

1. No. of the Identity Card :
2. Name of the Govt. Servant :
3. Office/Department :
4. **New addition** :
  - 1.A Name
  - B Relationship
  - C Identification Mark
  - 2.A Name
  - B Relationship
  - C Identification Mark

**Deletion**

1. A Name
- B Relationship
- C Identification mark
2. A Name
- B Relationship
- C Identification mark
5. Signature of Govt. Servant :
6. Signature and Designation :  
of issuing authority
7. Signature of Medical :  
Officer I/C of the  
dispensary

To

The medical officer- in-charge  
CGHS Dispensary No.