

Form (C) (to be submitted in duplicate)

Name \_\_\_\_\_ of Ministry/Department \_\_\_\_\_

\_\_\_\_\_ Challan of requisition of CGHS Cards

sent to the office of Additional Director, CGHS Kolkata.

Total No. of Applications \_\_\_\_\_

S.No.

Date:

Name/Designation

Receipt Stamp

CGHS Cards likely to be ready for

Delivery on \_\_\_\_\_

Receipt Clerk CGHS

Signature of Dispatcher

Name in Block letters:

Form D

Shri/Smt \_\_\_\_\_ Designation \_\_\_\_\_ holder  
of Identity Card No. \_\_\_\_\_ I authorized to deliver the Requisitions for issue  
of CGHS Cards and also to collect the CGHS Cards.

His specimen signatures are given below:

Specimen Signatures

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of the Sponsoring Authority

Received I/Card No(s)

Date & Time

Signature of the Recipient