

**DOCUMENTS TO BE SUBMITTED FOR VARIOUS PURPOSES
RELATED TO MEDICAL FACILITIES**

No.	Purpose	Documents to be submitted
1.	Issuance of CGHS Card for New Applicant	<p>(1) Application Form for CGHS Card with recent coloured photographs of the applicant/dependent family member(s);</p> <p>(2) Copy of recent salary slip of the applicant;</p> <p>(3) Copy of office Identity Card of the applicant;</p> <p>(4) Office Order of appointment of the applicant (only for new employees);</p> <p>(5) Age proof of the applicant/dependent family member(s) (age should be like that: 23 June 1995 or 23.06.1995) (for age proof - birth certificate, school certificate, passport, etc);</p> <p>(6) Address proof of the applicant and dependent family member(s); and</p> <p>(7) Status of Spouse:</p> <p>If wife is a housewife, an undertaking shall be given on plain paper in this regard with signature and date is required to be submitted.</p> <p>If spouse is in Govt. service or working in any Govt. Undertaking/Organization on regular/ad-hoc/co-terminus basis, NOC (No Objection Certificate) from the office of the spouse is required to be submitted.</p> <p>If spouse is self employed or working in private sector, a joint declaration by both husband and wife is required to be submitted.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
2.	Renewal of CGHS card	<p>(1) Application Form for renewal of CGHS Card with recent coloured photographs of the applicant and dependent family member(s), whose card is to be renewed;</p> <p>(2) Copy of the CGHS Card of the applicant and dependent family member(s), whose card is to be renewed;</p> <p>(3) Copy of recent salary slip of the applicant; and</p>

		<p>(4) Copy of office Identity Card of the applicant.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
3.	Change of Entitlement	<p>(1) Application Form for CGHS Card with recent coloured photographs of the applicant and dependent family member(s);</p> <p>(2) Copy of the CGHS Card of the applicant and dependent family member(s), whose entitlement is to be changed.</p> <p>(3) Copy of recent salary slip of the applicant; and</p> <p>(4) Copy of office Identity Card of the applicant.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
4.	For Addition of Name of Dependent Family Member(s)	<p>(1) Application Form for CGHS Card with recent coloured photographs of the dependent family member(s) whose name is to be added;</p> <p>(2) Form for Addition (in duplicate);</p> <p>(3) Copy of the CGHS Card of the applicant;</p> <p>(4) Copy of recent salary slip of the applicant;</p> <p>(5) Copy of office Identity Card of the applicant;</p> <p>(6) Age proof of the dependent family member(s) (age should be like that: 23 June 1995 or 23.06.1995) (for age proof - birth certificate, school certificate, passport, etc);</p> <p>(7) Address proof of the dependent family member(s) whose name is to be added; and</p> <p>(8) In case of addition of name of spouse: -</p> <p>If wife is a housewife, an undertaking shall be given on plain paper in this regard with signature and date is required to be submitted.</p> <p>If spouse is in Govt. service or working in any Govt. Undertaking/Organization on regular/ad-hoc/co-terminus basis, NOC (No Objection Certificate) from the office of the spouse is required to be submitted.</p>

		<p>If spouse is self employed or working in private sector, a joint declaration by both husband and wife is required to be submitted.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
5.	For Deletion of Name of Dependent Family Member(s)	<p>(1) Form of Deletion (in duplicate);</p> <p>(2) Copy of the CGHS Card of the applicant;</p> <p>(3) Original CGHS Card of the dependent family member(s), whose name is to be deleted;</p> <p>(4) In case of death, a copy of death certificate; and</p> <p>(5) In other case(s) reason be stated in the application.</p>
6.	Transfer of Dispensary	<p>(1) Form of Transfer of Dispensary (in triplicate);</p> <p>(2) Copy of CGHS card of the applicant;</p> <p>(3) Copy of address proof of the new residence;</p> <p>(4) Copy of recent salary slip of the applicant; and</p> <p>(5) Copy of office Identity Card of the applicant.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
7.	Duplicate CGHS Card(s) in case loss of CGHS Card(s)	<p>(1) Application Form for CGHS Card with recent coloured photographs of the applicant and dependent family member(s) whose duplicate CGHS card is to be issued;</p> <p>(2) Copy of CGHS card of the applicant, in case where duplicate card(s) is to be issued to dependant family member(s).</p> <p>(3) Copy of CGHS card lost, if available;</p> <p>(4) Copy of recent salary slip of the applicant;</p> <p>(5) Copy of office Identity Card of the applicant;</p> <p>(6) IPO of Rs.50/- for each card; and</p> <p>(7) Copy of FIR regarding loss of CGHS card.</p>
8.	Application for correction of error	(1) Application for correction of error in CGHS Card;

	in CGHS Card	<p>(2) Copy of CGHS card of applicant and dependant family member(s) in whose card correction is to be carried out; and</p> <p>(3) Copy of recent salary slip of the applicant.</p>
9.	Medical Facilities under CS (MA) Rules, 1944	<p>(1) Application for availing medical facility under CS (MA) Rules, 1944.</p> <p>(2) Copy of recent salary slip of the applicant;</p> <p>(3) Copy of office Identity Card of the applicant;</p> <p>(4) Office Order of appointment of the applicant (only for new employees);</p> <p>(5) Address proof of the applicant; and</p> <p>(6) Status of Spouse: -</p> <p>If wife is a housewife, an undertaking shall be given on plain paper in this regard with signature and date is required to be submitted.</p> <p>If spouse is in Govt. service or working in any Govt. Undertaking/Organization on regular/ad-hoc/co-terminus basis, NOC (No Objection Certificate) from the office of the spouse is required to be submitted.</p> <p>If spouse is self employed or working in private sector, a joint declaration by both husband and wife is required to be submitted.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
10.	Change of Name	<p>(1) Application Form for CGHS Card with recent coloured photograph of the dependant family member(s) whose name is to be changed;</p> <p>(2) Form for change of name (in duplicate);</p> <p>(3) Copy of the CGHS Card of the applicant and the dependant family member(s) whose name is to be changed;</p> <p>(4) Copy of recent salary slip of the applicant;</p> <p>(5) Copy of office Identity Card of the applicant; and</p> <p>(6) Copy of Gazette Notification where the change of</p>

		<p>name has been notified.</p> <p>Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.</p>
11.	Permission for CGHS unlisted test(s)/procedure(s)	<p>For CGHS Beneficiaries: -</p> <p>(1) Request letter;</p> <p>(2) Copy of prescription (not more than one month old) signed/stamped by Medical Specialist/CMO of Govt. hospital/dispensary; and</p> <p>(3) Copy of CGHS Card of the applicant and dependent family member(s) for whose treatment the permission is required.</p> <p>For CS (MA) Beneficiaries:-</p> <p>(1) Request letter;</p> <p>(2) Copy of prescription (not more than one month old) signed/stamped by the Medical Specialist/CMO of Govt. hospital/dispensary/AMA authorized by Delhi High Court;</p> <p>(3) Copy of CS (MA) permission issued by this Court; and</p> <p>(4) Copy of recent salary slip of the applicant.</p>
12.	Credit Facility in case(s) of admission in CGHS empanelled HCO in emergency.	<p>(1) Request letter;</p> <p>(2) Original Emergency Certificate signed and stamped by the doctor; and</p> <p>(3) Copy of CGHS Card of the applicant and dependent family member(s) for whom credit facility is required.</p>
13.	For issuance of surrender certificate (in case of death/retirement of the applicant)	<p>(1) Request letter;</p> <p>(2) Original CGHS Card(s) of the applicant and dependent family member(s); and</p> <p>(3) Office Order of superannuation of the applicant.</p>

14.	Appointment of, Authorised Medical Attendant (AMA) under CS(MA) Rules, 1944,	<p>(1)Request letter;</p> <p>(2)Willingness letter of the Doctor concerned on his letter head;</p> <p>(3)Details of qualification and registration as Medical Practitioner;</p> <p>(4)Copy of order appointing as AMA, if already appointed as AMA by any other Govt. Department;</p> <p>(5)Annexure 'D' Form for verification for appointment of AMA (in duplicate); and</p> <p>(6) Copy of the CS (MA) letter issued to the applicant from this Court.</p>
15.	Renewal of terms as Authorised Medical Attendant (AMA) under CS (MA) Rules, 1944,	<p>(1)Request letter;</p> <p>(2) Willingness letter of the Doctor concerned on his letter head; and</p> <p>(3) Copy of the CS (MA) letter issued to the applicant from this Court.</p>