

**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	(1) Application Form for CGHS Card with recent coloured photographs of the applicant/dependent family member(s); (2) Copy of recent salary slip of the applicant; (3) Copy of office Identity Card of the applicant; (4) Office Order of appointment of the applicant (only for new employees); (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); (6) Address proof of the applicant and dependent family member(s); and (7) Status of Spouse: 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. 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. If spouse is self employed or working in private sector, a joint declaration by both husband and wife is required to be submitted. Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.
2.	Renewal of CGHS card	(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; (2) Copy of the CGHS Card of the applicant and dependent family member(s), whose card is to be renewed; (3) Copy of recent salary slip of the applicant; and

		(4) Copy of office Identity Card of the applicant. Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.
3.	Change of Entitlement	(1) Application Form for CGHS Card with recent coloured photographs of the applicant and dependent family member(s); (2) Copy of the CGHS Card of the applicant and dependent family member(s), whose entitlement is to be changed. (3) Copy of recent salary slip of the applicant; and (4) Copy of office Identity Card of the applicant. Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.
4.	For Addition of Name of Dependent Family Member(s)	(1) Application Form for CGHS Card with recent coloured photographs of the dependent family member(s) whose name is to be added; (2) Form for Addition (in duplicate); (3) Copy of the CGHS Card of the applicant; (4) Copy of recent salary slip of the applicant; (5) Copy of office Identity Card of the applicant; (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); (7) Address proof of the dependent family member(s) whose name is to be added; and (8) In case of addition of name of spouse: - 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. 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.

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

	in CGHS Card	(2) Copy of CGHS card of applicant and dependant family member(s) in whose card correction is to be carried out; and (3) Copy of recent salary slip of the applicant.
9.	Medical Facilities under CS (MA) Rules, 1944	(1) Application for availing medical facility under CS (MA) Rules, 1944. (2) Copy of recent salary slip of the applicant; (3) Copy of office Identity Card of the applicant; (4) Office Order of appointment of the applicant (only for new employees); (5) Address proof of the applicant; and (6) Status of Spouse: - 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. 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. If spouse is self employed or working in private sector, a joint declaration by both husband and wife is required to be submitted. Note: particulars filled in the application form should be got verified from the Accounts Branch before submission in the General Administration-II Branch.
10.	Change of Name	(1) Application Form for CGHS Card with recent coloured photograph of the dependent family member(s) whose name is to be changed; (2) Form for change of name (in duplicate); (3) Copy of the CGHS Card of the applicant and the dependant family member(s) whose name is to be changed; (4) Copy of recent salary slip of the applicant; (5) Copy of office Identity Card of the applicant; and (6) Copy of Gazette Notification where the change of

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

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