



भा0कृ0अं0प0-राष्ट्रीय पादप आनुवांशिक संसाधन ब्यूरो  
ICAR-National Bureau of Plant Genetic Resources  
पूसा कैम्पस, नई दिल्ली दिल्ली 110 012  
Pusa Campus, New Delhi - 110 012



To

The Sr. Administrative Officer  
National Bureau of Plant Genetic Resources  
Pusa Campus, New Delhi-110022.

Dear Sir,

I wish to enrol myself and members of my family according to term 'Family' to the benefits of the scheme. I give details as under :-

S. No.	Particulars	Details
1.	पेंशनर / परिवार पेंशनर का नाम Name of (Pensioner/Family Pensioner)	
2.	आवास / निवास का पता दूरभाष नम्बर सहित Residential Address with Phone number	
3.	सेवानिवृत्ति की तिथि / मृत्यु की तिथि Date of retirement/Death	
4.	सभाग / कार्यालय जहा से सेवानिवृत हुई है। Division/Office from which Retired	
5.	पद जिस प सेवानिवृत्ति हुई है। Post held as the time of retirement with pay Scale/Grade Pay	
6.	सेवानिवृत से पहले प्राप्त अंतिम वेतन (यदि लागू हो) Last pay drawn before retirement, If Applicable (Please enclose copy LPC)	
7.	पेंशन भुगतान आदेश संख्या Pension Payment Order Number	
8.	यदि पेंशन निर्धारित नहीं हुई तो प्राप्त अंतिम वेतन If Pension not fixed, last pay draw	
9.	सी0जी0एच0एस0 कार्ड संख्या (प्रति संलग्न है) CGHS Card No. (Copy Enclosed)	
10.	डिस्पेंसरी संख्या Dispensary Number	
11.	सी0जी0एच0एस0 कार्ड की मान्यता तिथि Validity of CGHS Card up to	

12. Details of family according to term 'family'

क्रम सं० S. No.	नाम Name	जन्म की तिथि Date of Birth	कार्ड धारक के संबंध Relationships
1.			
2.			
3.			
4.			
5.			
6.			

13. I will abide by the rules and regulations and modification of the service which may be issued from time to time.
14. I will deposit my contribution from the month of issue of ending period of June/December instalments.
15. I wish to avail of treatment of the same level as on the date of retirement.
16. I declare that I have surrendered my CGHS identify card issued to me from my office while in service and payment of contribution had been made up to the date of surrender of the card.
17. I declare that the above mentioned members of family are dependent and residing with me in Delhi/New Delhi.
18. I declare that I have paid CGHS contribution for the period \_\_\_\_\_ years regularly.

SIGNATURE OF APPLICANT  
PHONE NO. \_\_\_\_\_

Encl :-

1. Copy of CGHS Card
2. Copy of P.P.O
3. T.R. No. \_\_\_\_\_ Dated \_\_\_\_\_

CASHIER

Please Deposit Rs. \_\_\_\_\_  
on a/c of CGHS Contribution

Amount \_\_\_\_\_