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URL: https://niap.res.in/

Central Government Health Scheme (CGHS)

(For Pensioners Only)

| 1. Name of CGHS Cardholder / Employee: | |
|--|-----------|
| 2. Date of Birth of the Cardholder: | |
| 3. Name of the Family Member to be added, along with relationship with the cardholder birth, and gender: | , date of |
| 4. Type of family member (Tick as applicable): | |
| • Spouse | |
| • Son | |
| Daughter | |
| Dependent Parent | |
| 5. Date of issue of CGHS Card to the family member: | |
| 6. Place of Posting of Cardholder: | |
| 7. Medical Category of family member: | |
| | |

Signature: Date: