

SHYAM LAL COLLEGE : SHAHDARA, DELHI-32

Central Government Health Scheme Medical Claims of CGHS Beneficiaries (To be filled by the claimant)

1. CGHS Token No. and Place of issue :
(or Ben ID of Employee / Pensioner)
2. Validity of CGHS Token Card : from to
& entitlement : Pvt. / Semi Pvt. / General
3. Full Name of Card Holder (Block Letters) :
4. Full Address :
5. Telephone No. (O):..... (R) :
6. E-mail address if, any:.....
7. Name of the Bank :..... BranchSB A/C
Branch MICR Code:..... Tel. No. of Bank Branch:
8. Name of the patient & relationship :
with the card holder
9. Status tick (-/) (Govt.Servant / Pensioner / Serving employee or pensioner of autonomous
body / Member of Parliament / Ex-M.P. / Ex - Governor / Former Judge of Supreme Court / Former
Judge of High Court / Freedom Fighter / Legal Heir / others)
10. Basic Pay / Basic Pension :
11. Name of the Hospital with Address :
- (a) OPD treatment and investigations:
- (b) Indoor Treatment :
12. Date of admission :..... Date of discharge
(In case of Indoor Treatment only)
13. Total Amount Claimed :
- (a) OPD Treatment
- (b) Indoor Treatment
14. Details of Referral :
15. Details of Medical Advance if, any:

DECLARATION

I hereby declare that the statement made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated :
holder

Signature of CGHS card

Note : Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGH card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.