

ANNEXURE – VII
New Health Insurance Scheme- 2012

(For Employees of Govt. Departments and others)

**FORM FOR FURNISHING DATA OF EMPLOYEES AND THEIR ELIGIBLE FAMILY MEMBERS FOR INSURANCE COVERAGE
UNDER NEW HEALTH INSURANCE SCHEME, 2012 TO INSURANCE COMPANY/THIRD PARTY ADMINISTRATOR**

1	Name of Employee														
	District														
	Gender	Male		Female											
	Ref No (Previous Card No)														
	Mobile Number														
	In case the spouse is employed, the details of the spouse shall also be furnished in the same format separately														
2	Designation														
3	Pay Drawn Details	Pay in PB				+	Grade Pay				Total				
4	Head of Account in which the Govt. Employee's contribution is being recovered														
5	Type of Office														
6	Office in which employed														
7	Date of Birth														
8	Date of Appointment	D	D	/	M	M	/	Y	Y	Y	Y				
9	Date of Retirement														
10	Designation of drawing and disbursing officer code														
11	Pay Drawing Office attached	PAO		Treasury											
		Sub Treasury with Address													
12	Employee Code														
	**GPF / CPS / TPF No. for Govt. Employees Employee code of other organisations , if any assigned shall be indicated along with the identification of the organisation														

Details of Eligible Family Members **

Sl No	Name	Age	Relationship to the Employee	Marital Status : Value for this field is not completely available	Employment Status	Stamp Size Photo	To be added Yes / No
1							
2							
3							
4							
5							
6							
7							
8							
9							

Signature of the Employee

Certified that the above particulars of the Employee is verified with the Service Registrar of the Employee

Signature of Drawing and Disbursing officer in Government Department :

Name :

Designation:

Date :

Seal:

Signature of a pay drawing officer in organizations covered under this

scheme:

Name :

Designation:

Date :

Seal: