

Annexure-VII

NEW HEALTH INSURANCE SCHEME, 2012 for Employees of Govt. Departments and Organisations covered under this Scheme

Form for furnishing Data of Employee and their eligible Family Members for insurance coverage under New Health Insurance Scheme, 2012 to Insurance Company/Third Party Administrator.

1. Name of the Employee * :
Contact Mobile No. :
- *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 Particulars : Pay in PB + Grade Pay = Total
 + +
4. Head of Account in which the Govt. Employee's contribution is being recovered.
5. Type of Office :
Govt. / PSU & SB / Local Bodies / Universities / Organisations / Institutions
6. Office in which Employed :
7. Date of Birth :
8. Date of Appointment :
9. Date of Retirement :
10. Designation of Drawing & Disbursing Officer & Code :
11. Pay Drawing Office attached :
[PAO / Treasury / Sub-Treasury with Address for Govt. Employees]
{Others – Address of the Office
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

13. Details of the Employee and their :
eligible Family Members under the
NHIS, 2012

Sl. No.	Name	Age as on 1-6-2012	Relationship to the Employee	Marital Status	Employment Status	Stamp size Photo
1.			Self			
2.						
3.						
4.						
5.						

Signature of the Employee.

Certified that the above particulars are verified with the Service Register of the Employee.

**Signature of Drawing and Disbursing
Officer in Government Departments**

**Signature of Pay Drawing Officers in
Organisations covered under this
Scheme.**

Name :

Designation :

Date :

Seal :

-/ True Copy /-

Amburhagan
29/6/2012

SECTION OFFICER.