PERSONAL DETAILS	
HRMS ID.	
G.P.F NO.	
RESIDING DISTRICT	
DATE OF BIRTH	
EMPLOYEE FIRST NAME	
EMPLOYEE LAST NAME	
SEX	
MARITAL STATUS	
PERMANENT ADDRESS	
MOBILE NUMBER	
EMAIL ID	
RESIDENCE PHONE NUMBER	
IDENTITY PROOF	U VOTER CARR OR U RAN CARR
	☐ VOTER CARD OR ☐ PAN CARD
IDENTITY PROOF NO.	
ALREADY ENROLLED IN HEALTH SCHEME?	☐ YES ☐ NO
ENTRY DATE OF APPLICATION FOR ENROLLMENT	
OFFICE DETAILS	
OFFICE LOCATION TYPE	
DEPARTMENT NAME	
DEL / IXTINEIXT TV IVIE	
DATE OF ENTRY INTO GOVERNMENT SERVICE	
DATE OF ENTRY INTO GOVERNMENT GERVIOL	
POSTING OFFICE DISTRICT OF EMPLOYEE	
EMDLOVEE OFFICE ADDRESS	
EMPLOYEE OFFICE ADDRESS	
SERVICE CADRE OF EMPLOYEE	
DESIGNATION	
BASIC PAY	
PAY SCALE	
GRADE PAY	
BAND PAY	

CCA/HEAD OF OFFICE	
LOCATION TYPE OF CCA/HO	
DEPARTMENT NAME OF CCA/HO	
CADRE TYPE OF CCA/HO	
CADRE CONTROLLING AUTHORITY DESIGNATION	
DISTRICT WHERE DDO IS LOCATED	
DDO'S TREASURY	
DDO 3 TREASURY	
DDO'S DEPARTMENT	
DRAWING & DISBURSING OFFICER (DDO CODE)	
,	
DENECICIADY WISE DETAILS ****	
BENEFICIARY WISE DETAILS **** TOTAL NO. OF MEMBERS (INCLUDING YOURSELF)	
SL. NO.	1
NAME OF THE BENEFICIARY	•
DATE OF BIRTH OF THE BENEFICIARY	
BATE OF BIRTH OF THE BENEFIOLARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	
BLOOD GROUP OF BENEFICIARY	
BEOOD OROOF OF BENEFICIARY	
Photo	
	Size 10 kb to 50 kb
	Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
(0.20 10 kb to 00 kb 1 01111at 1.01 207.01 0)	
SL. NO.	2
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
THE LIVIT COLL	
MONTHLY INCOME OF THE BENEFICIARY	Rs.

BLOOD GROUP OF BENEFICIARY	
<u>Photo</u>	Size 10 kb to 50 kb Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
SL. NO.	3
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	Rs.
BLOOD GROUP OF BENEFICIARY	
<u>Photo</u>	Size 10 kb to 50 kb Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
SL. NO.	4
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	Rs.
BLOOD GROUP OF BENEFICIARY	

	T
<u>Photo</u>	
	Size 10 kb to 50 kb
	Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
SL. NO.	5
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	Rs.
BLOOD GROUP OF BENEFICIARY	
<u>Photo</u>	
	Size 10 kb to 50 kb
	Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
SL. NO.	6
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	Rs.
BLOOD GROUP OF BENEFICIARY	

EMPLOYEE ENROLLMENT FORM PAGE NO 5

<u>Photo</u>	Size 10 kb to 50 kb Format ".JPEG/.JPG"
C: an atoms	
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
SL. NO.	7
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	Rs.
BLOOD GROUP OF BENEFICIARY	
<u>Photo</u>	
	Size 10 kb to 50 kb Format ".JPEG/.JPG"
<u>Signature</u>	
Signature (Size 10 kb to 50 kb Format ".JPEG/.JPG")	
	8
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	8
(Size 10 kb to 50 kb Format ".JPEG/.JPG") SL. NO.	8
(Size 10 kb to 50 kb Format ".JPEG/.JPG") SL. NO. NAME OF THE BENEFICIARY	8
(Size 10 kb to 50 kb Format ".JPEG/.JPG") SL. NO. NAME OF THE BENEFICIARY DATE OF BIRTH OF THE BENEFICIARY	8 Rs.

Photo	
	Size 10 kb to 50 kb Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	
SL. NO.	9
NAME OF THE BENEFICIARY	
DATE OF BIRTH OF THE BENEFICIARY	
RELATION WITH THE EMPLOYEE	
MONTHLY INCOME OF THE BENEFICIARY	Rs.
BLOOD GROUP OF BENEFICIARY	
<u>Photo</u>	Size 10 kb to 50 kb Format ".JPEG/.JPG"
<u>Signature</u>	
(Size 10 kb to 50 kb Format ".JPEG/.JPG")	