

**West Bengal Health Scheme, 2008**

**FORM A**

**Application for enrolment under the West Bengal Health Scheme, 2008.**

(See sub-clause (1) of clause (4))

To:  
The \_\_\_\_\_ (Cadre Controlling Authority/ Head of Office)

Sir,  
I Shri/ Smt \_\_\_\_\_ (Designation) \_\_\_\_\_  
attached to \_\_\_\_\_ (office) under \_\_\_\_\_  
(Department) do hereby opt for coming under the West Bengal Health Scheme, 2008 with  
effect from 1st day of \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

The particulars of the members of my family as defined in para 3(e) of the Scheme as amended under notification no. 6722-F dt. 09.07.09 are as follows:

Name of Government Employee :  
Designation :  
Residential Address :

Date of birth :  
Date of entry into Government Service :  
Date of superannuation :  
Present pay (Band pay + Grade pay) :  
G.P.F. A/C No. :  
Whether married or unmarried :

Details of Family

| Sl. No. | Name  | Date of Birth/<br>Age | Relationship | Monthly income,<br>if any |
|---------|-------|-----------------------|--------------|---------------------------|
| 1.      | _____ | _____                 | _____        | _____                     |
| 2.      | _____ | _____                 | _____        | _____                     |
| 3.      | _____ | _____                 | _____        | _____                     |
| 4.      | _____ | _____                 | _____        | _____                     |
| 5.      | _____ | _____                 | _____        | _____                     |

I do hereby declare that upon enrolment under the above scheme I shall forego the regular monthly medical allowance drawn by me as a part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008, as may be in force from time to time.

\_\_\_\_\_  
Signature of the Applicant