

West Bengal Health Scheme, 2008

FORM I

**Application for enrolment under the West Bengal Health Scheme, 2008
(Government pensioner/ family pensioner)
[See sub-para (iv) of para-4 of memo no. 3475 F dt. 11.05.09.]**

To
The..... (Pension Sanctioning Authority/ Competent Authority)

Dear Sir,

I, along with my dependent family members whose particulars are given below at Sl. No. 12 may please be enrolled under the West Bengal Health Scheme, 2008 with effect from 1st day of(month).....(year). /

I _____ family pensioner along with dependent family members of my late husband/ wife, Ex-Govt. employee at Sl. No. 12 may be enrolled under the West Bengal Health Scheme, 2008 w.e.f. 1st day of(month).....(year).

(* Strike out whichever is not applicable)

My particulars are given below

1. Name of the Ex-Govt. Employee :
2. Residential Address :
3. Date of Retirement/Death :
4. Department/ Office where rendered services :
5. Last Pay (Band Pay+ Grade Pay) drawn before retirement/ death :
6. Basic Pension(before commutation) :
7. Pension Payment Order No. :
8. Name of Treasury with address (In case of Pensioners residing in the districts) :
9. Name of Bank with account no. and address (In case of Pensioners residing in Kolkata) :
10. Whether a beneficiary of the Health Scheme during service period :
11. Identification no. under the Health Scheme during service period before retirement/ death :
12. Details of Family :

Sl. No.	Name	Date of birth/Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

I do hereby declare that upon enrolment under the above scheme I shall forego the regular medical relief drawn by me as part of pensionary benefits.

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