

Form VII

**Prayer for change of sanctioning authority in connection with medical facilities under the  
West Bengal Health Scheme, 2008.**

**(Government pensioner / family pensioner)**

**[vide F. D. memo no.8246-F(MED) dated 28.09.12 read with F. D. memo no. 10795-F(MED)  
dated 22.11.10.]**

To

The ..... (Pension Sanctioning Authority)

Dear Sir,

In terms of F. D. memo no. 8246-F(MED) dated 28.09.12 read with F. D. memo no. 10795-F(MED) dated 22.11.10, I would like to prefer my medical advance / reimbursement bills under W.B.H.S. 2008 from the ..... (name of office).

I do hereby declare that no claim under W.B.H.S. 2008 will be submitted to you after change of sanctioning authority.

I further declare that I will abide by the terms and conditions under the West Bengal Health Scheme, 2008.

*Signature of the Applicant*

*P. P. O. No.*

Enclosures :

(1) Copy of Certificate of Enrolment in Form II (if any)

(2) Copy of W.B.H.S.2008 Identity Card / Temporary Family Permit in Form VI (if any)