

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/ 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 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