Form of Reimbursement of Lifetime CGHS one time incentive

(to be submitted to concerned DM (Cash/Works) i.e. last retirement GM unit only through concerned SM (Admn)

I, Shri/Smt.	
(spouse of Late	(applicable only
for family pensioner), Staff No	(as per Salary Slip or PPO), Desgn
	n MTNL on, GM Unit
	t I have switched over to Lifetime CGHS facility.
The reimbursement against payment	made by me for Lifetime CGHS card, may be
given in my pension account. I have	not avail/ claim reimbursement regarding CGHS
earlier. I am surrendering the CGHI	S medical card issued by Insurance Co. (UIIC)/
TPA to concerned SM (Admn) on dt.	
My personal details are as follows:-	
1. Name	
2. PPO No	
3. Mobile Number	
4. E-mail Id	
5. Address for Correspondence	
State	PIN Code
Enclosure:	
1. Self attested copy of Receipt/ Cl CGHS authority.	hallan or any proof of premium amount issued by
2. Copy of medical card surrender	red by retiree to SM (Admn).
I have not received reimbur previously.	sement of Lifetime CGHS one time incentive
Above details are correct and in concealed by me or found false, MTN me as per the rule in force issued by M	n case it is found at any stage some information is IL management may take suitable action against ITNL/DOT.
Place: Date:	Signatura
	SignatureName
	NameStaff No
	Landline No. (if any)