

Annexure-VII

NEW HEALTH INSURANCE SCHEME, 2016

for Employees of govt. Department and Organisations covered under this Scheme
Form for furnishing Data of Employee and their eligible Family Members for
Insurance Coverage under New Health Insurance Scheme
2016 to Insurance Company/Third Party Administrator.

1. Name of the Employee :
(In case the spouse is employed, the details of the spouse shall also be furnished in the same format separately)
2. District :
Contact Mobile No. :

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3. Designation :
4. NHIS 2012 ID Card No. :
5. Pay Drawn Particulars : Pay in PB + Grade Pay = Total

	+		=	
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6. Head of Account in which the Govt. Employee's contribution is being recovered. : A/c No. 44.501
7. Type of Office : PSU
(Govt./PSU & SB / Local Bodies/ Universities/ Organisations/Institutions)
8. HOD Code :

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(as provided in Budget documents)
9. Office in which Employed : TANGEDCO (or) TANTRANSCO
10. Date of Birth :

D	D	M	M	Y	Y	Y	Y
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11. Date of Appointment :

D	D	M	M	Y	Y	Y	Y
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12. Date of Retirement :

D	D	M	M	Y	Y	Y	Y
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13. Designation of Drawing & Disbursing Officer & Code :
14. Pay Drawing Office attached :
(PAO/Treasury/Sub-Treasury with Address for Govt. Employees)
(Others - Address of the Office)
15. Employee Code : **GPF No:**
(or)
(GPF/TPF/CPS No. for Govt. Employees) **CPS No:**

(In case of new applicants, state whether application for enrolment in the Contributory Pension Scheme has been sent to the Govt. Data Centre with details of Reference No. and date. Employee code of other organizations, if any assigned shall be indicated along with the identification of the Organisation)
16. Aadhar No. :

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Voter ID No. :

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PAN :

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17. Details of the Employee and their eligible Family Members under the NHIS, 2016 :

SI No	Name	Date of Birth	Relation-ship to the Employee	Marital Status	Employ-ment Status	Whether Physically Challenged/ Mentally Retarded.** (Yes/No)	Passport Size Photo
1.			Self				
2.							
3.							
4.							
5.							

** Details of Physically Challenged and Mentally Retarded Children as ordered in para 4 of Annexure-I of the G.O. to be furnished.

* HOD Code will be intimated separately.

Signature of the Employee.

Certified that the above particulars are verified with the Service Register of the Employee.

Signature of Drawing and Disbursing Officer in Government Departments

Signature of Pay Drawing Officers in Organisations covered under this Scheme.

Name :

Designation :

Date :

Seal :