

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. :

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 forgo 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