

West Bengal Health Scheme, 2008

FORM B

Certificate for enrolment under the West Bengal Health Scheme, 2008

(See sub-clause (3) of clause 4)

Certified that Shri/Smt. _____ (designation) _____

attached to _____ Department has been enrolled under the West Bengal Health Scheme, 2008, with effect from 1st day of _____, _____.

(Month)

(Year)

The particulars of the Govt. employee and dependent members of family as defined in para 3(e) of the Scheme and 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. Account No. :

Details of Family

Sl. NO:	Name	Date of Birth/ Age	Relationship	Monthly income, if any
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Signature of the Cadre Controlling Authority/
Head of the Office

Memo. No. _____

Dt. _____

Copy forwarded for information and necessary action to:

1. Shri/ Smt _____ (designation)

2. The _____ (Drawing and Disbursing Officer).

He is requested to discontinue the drawal of regular monthly medical allowance in respect of Shri/ Smt.

_____ with effect from 1st day of _____ (Month), _____, (Year).

3. Accountant General (A&E), Treasury Buildings, Kolkata.

4. Medical Cell, Finance (Audit) Department, Writers' Buildings, Kolkata- 1.

Signature of the Cadre Controlling Authority/
Head of the Office