

West Bengal Health Scheme, 2008

FORM-F

Temporary Family Permit

[See sub-clause (9) of clause 10]

1. Name of the Government employee :
2. Employee Identification No. (GPF No.) :
3. Designation :
4. Present Pay (Band pay+ Grade Pay) :
5. Entitlement of accommodation :
6. Date of birth :
7. Date of Superannuation :
8. Residential address :

9. Details of Family :

Sl. No.	Name	Age	Relationship	Monthly Income, If any.	Photograph (Stamp size)
1.					
2.					
3.					
4.					
5.					

Shri/Smt. _____ attached to _____
_____ (office) under _____

Department has been enrolled under the West Bengal Health Scheme, 2008 with effect from _____. He/She and his/her family members are entitled to the medical attendance and treatment in a Government Hospital/empanelled Private Hospital or Institution etc. recognized under the West Bengal Health Scheme, 2008 in the entitled class mentioned in Sl. No. 5.

This permit is valid for 6 (six) months from the date of enrolment.*

The temporary family permit is valid till the New entrant Government employee gets

G.P.F. No.*

Signature of Cadre controlling authority

/Head of the office.

* Strike out whichever is not applicable.