

Rajya Sabha Secretariat

APPLICATION FORM FOR NEW CGHS CARDS FOR MEMBER OF RAJYA SABHA



- ❖ Duly filled application form with two passport size photographs (one pasted at given space & one attached with this application form separately) in respect of each individual beneficiary should be submitted to the M. A. Section at Room No 227, Parliament House Annexe.
- ❖ The Member is requested to attach recognized proof of age in case eligible son(s) and minor brother(s) who is/are desired to be included as dependent family member under CGHS.
- ❖ A copy of the Identity Card (I. C. card) issued by the Rajya Sabha Secretariat to the Member is also to be attached with this application form.
- ❖ A contributory subscription of ₹ 1000/- per month would be deducted from the Member's salary for all the beneficiaries of the scheme.
- ❖ For any query and assistance, Members' Amenities Section may be contacted on **011-23034227 / 4059** & on **rsma@sansad.nic.in**

➤ **Dependency criteria for eligible members of the family under CGHS:-**

- **Spouse** - (Irrespective of age and income)
- **Son** - (Age up to 25 years or starts earning or gets married whichever is earlier unless suffering from any permanent disability[#])
- **Daughter** - (Till starts earning or gets married whichever is earlier, irrespective of age. Wholly dependent widowed / divorced / separated/ abandoned daughter(s) along with her dependent children are also eligible)
- **Step-children** - (Wholly dependent step-children are eligible if qualify conditions for son & daughter mentioned above)
- **Parents** - (Only lady Members can have either her parents or her parents-in-law as her dependents. Wholly dependent step-mother is also eligible)
- **Siblings** - (Include wholly dependent unmarried/ widowed/ separated/ abandoned sister(s), minor sister, widowed sister and minor brother)

** EACH DEPENDENT FAMILY MEMBER SHOULD NOT HAVE MONTHLY INCOME MORE THAN ₹9000 + D.A. APPLICABLE.
THIS CLAUSE IS TO BE FULFILLED BY EACH & EVERY DEPENDENT FAMILY MEMBER EXCEPT IN CASE OF SPOUSE*

➤ **Each family member will be issued a separate CGHS card bearing his/her photograph. The preparation of individual CGHS card may take anywhere from one to two weeks of time. In the meantime a temporary index card will be issued to the Member with which Member and his/her dependent family members can avail medical facilities under CGHS.**

➤ **The Member to whom CGHS cards are issued is responsible for their safe custody. In the case of loss or theft of cards, the matter should immediately be reported to the nearest police station and to the Rajya Sabha Secretariat at M. A. Section, 227, PHA.**

[#] Disability will be as defined in Section 2(1) of the PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995] (NO: 1 OF 1996) which includes Blindness, Low Vision, Leprosy Cured, Hearing Impairment, Locomotive Disability, Mental Retardation and Mental Illness.

1. **Name of the Member of Rajya Sabha:** _____
(In full & block letters)
2. **Gender of the Member:** _____
3. **State / U.T. elected from:** _____ / ☐ **Nominated**
4. **I. C. No. of the Member:** _____ **D.O.B. -** _____
5. **Date of retirement from Rajya Sabha:** _____
6. **Residential address of the Member:** _____

_____ **Pincode:** _____
7. **Blood Group of the Member:** _____
8. **Mobile No. of the Member:** _____
(used for SMS notifications & booking of online appointments)
9. **E-mail address of the Member:** _____
10. **Parent Wellness Centre:** ☐ North Avenue ☐ South Avenue ☐ Pandara Road ☐ Telegraph Lane
(please ✓ appropriate box) ☐ Dr. Zakir Hussain Marg ☐ Other (Specify _____)
(If left unticked, nearest wellness centre would be allotted)
11. **Details of Family:**
(#kindly refer to the dependency criteria under the 'General Instructions' section of this application form)

Sl. No.	Name of the dependant family member	Gender (Male/Female /other)	Date of Birth*	Relationship to the Member of Rajya Sabha	Blood Group	Mobile Number	E-mail address
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

*Please attach proof of age in case of eligible son(s) and minor brother(s)

12. Paste one passport size photograph of each member of the family (including the Member) and write the name and the relationship to the Member in the space given below: -
(Kindly attach a separate passport size photograph of each member of the family along with this application form as well)

Passport
Size
Photograph

Name:-

Relation to the M. P.: - **Self**

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Passport
Size
Photograph

Name:-

Relation to the M. P.: -

Undertaking / Certificates

(* kindly strike out whichever is not applicable)

1. I hereby declare that my father / father-in-law (applicable to lady Members only) _____
and my mother / step-mother / mother-in-law (applicable to lady Members only) _____
is/are wholly dependent upon me and normally reside with me.

2. I certify that my son(s) (i) _____ of age _____ years &
(ii) _____ of age _____ years &
(iii) _____ of age _____ years

is/are unmarried, unemployed and is/are wholly dependent upon me and also normally reside(s) with me.

[Note: - For the purpose of availing CGHS facility for a disabled son above age 25 years, please attach a copy of the certificate of disability issued by the competent authority in terms of the PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995]

3. I certify that my daughter(s) (i) _____ of age _____ years &
(ii) _____ of age _____ years &
(ii) _____ of age _____ years

is/are unmarried, unemployed and is/are wholly dependent upon me and also normally reside(s) with me.

4. I certify that my ☐ widowed ☐ divorced ☐ separated ☐ abandoned (please ✓ appropriate box) daughter(s)
_____ along with her children
(i) _____ (☐ Male ☐ Female) of age _____ years &
(ii) _____ (☐ Male ☐ Female) of age _____ years &

is/are wholly dependent upon me and also normally reside(s) with me.

5. I certify that my ☐ unmarried/☐ minor/☐ widowed/☐ separated/☐ abandoned (Please ✓ appropriate box) sister(s) (i) _____ & (ii) _____ of age _____ years
and _____ years respectively is/are wholly dependent upon me and also normally reside(s) with me.

6. I certify that my minor brother(s) (i) _____ & (ii) _____
of age _____ years and _____ years respectively are wholly dependent upon me and also normally reside(s) with me.

7. I certify that my ☐ step-son /☐ legally adopted son _____ of age _____ years and/or
my ☐ step-daughter /☐ legally adopted daughter _____ of age _____ years is/are wholly
dependent upon me, normally reside(s) with me and also qualify other eligibility conditions applicable
in case of sons and daughters.

8. I also certify that the total monthly income of each of the wholly dependent family member, I mentioned above (except spouse) from all sources, is not more than ₹ 9000 + D. A. applicable.
9. I undertake that if any of the dependent family member does not fulfil his or her eligibility criteria in terms of age, income, medical or marital status etc. at any time during my membership of Rajya Sabha i.e. becomes ineligible for the scheme, it would be my responsibility to inform about it and surrender the respective CGHS card to the Rajya Sabha Secretariat at M. A. Section, 227, PHA at the earliest so that the name of such ineligible beneficiary may be removed.
10. I also undertake that if I incurred disqualification for the Membership of Rajya Sabha at any point of time during my Membership or my term gets over, all the CGHS cards issued to me and my dependent family members would be surrendered to the Rajya Sabha Secretariat at M. A. Section, 227, PHA at the earliest.
11. I _____ certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same ⁺.

Place: _____

Date: _____

Signature / Thumb Impression of the Member
of Rajya Sabha

For Secretariat Use only

1. CGHS Card No. allotted
2. No. of cards issued
3. Beneficiary I. D. of the Member (Master Card Holder)
4. Date of Registration under CGHS: _____

The information furnished by the Member in this application has been duly scrutinized and found to be correct in accordance with the rules and orders issued by the Ministry of Health & Family Welfare from time to time. Instructions for the issuance of CGHS cards of the Member and his/her eligible dependent family members are issued herewith.

⁺ The information of this application is liable to be disclosed under the Right to Information Act, 2005

Signature & Stamp
of Issuing Authority
with date