

# SHYAM LAL COLLEGE : SHAHDARA, DELHI-32

## Central Government Health Scheme Medical Claims of CGHS Beneficiaries

(To be filled by the claimant)

1. CGHS Token No. and Place of issue : .....  
(or Ben ID of Employee / Pensioner)
2. Validity of CGHS Token Card : from ..... to .....  
& entitlement : Pvt. / Semi Pvt. / General
3. Full Name of Card Holder (Block Letters) : .....
4. Full Address : .....
5. Telephone No. (O):..... (R) : .....
6. E-mail address if, any:.....
7. Name of the Bank :..... Branch .....SB A/C  
Branch MICR Code:..... Tel. No. of Bank Branch: .....
8. Name of the patient & relationship : .....  
with the card holder
9. Status tick (-/) (Govt.Servant / Pensioner / Serving employee or pensioner of autonomous  
body / Member of Parliament / Ex-M.P. / Ex - Governor / Former Judge of Supreme Court / Former  
Judge of High Court / Freedom Fighter / Legal Heir / others)
10. Basic Pay / Basic Pension : .....
11. Name of the Hospital with Address : .....
- (a) OPD treatment and investigations: .....
- (b) Indoor Treatment : .....
12. Date of admission :..... Date of discharge .....  
( In case of Indoor Treatment only)
13. Total Amount Claimed : .....
- (a) OPD Treatment
- (b) Indoor Treatment
14. Details of Referral : .....
15. Details of Medical Advance if, any: .....

### DECLARATION

I hereby declare that the statement made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated : .....  
holder

Signature of CGHS card

Note : Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGH card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.



**CENTRAL GOVERNMENT HEALTH SCHEME  
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. CGHSToken No. and place of issue  
(or Ben ID of Employee/ Pensioner)
2. Validity of CGH Card (For pensioners)& Entitlement : from.....to.....  
: Pvt./ Semi Pvt./ General
3. Full name of Card Holder (Block Letters)
4. Status (Govt. Servant/ Pensioner/ Other)
5. The following documents are submitted  
{Please tick (-/ ) the relevant column}
  - (a) Medical 2004 Form : Yes/ No
  - (b) Photocopy of CGHScard : Yes/ No.
  - (c) No. of Original Bills : .....
  - (d) Copy of discharge summary : Yes/ No.
  - (e) Copy of referral Specilaist/ CMO : Yes/ No.
  - (f) Whether the hospital has given breakup : Yes/ No.  
for lab investigations
  - (g) Original papers have been lost the following documents are submitted—
    - I. Photocopies of claim papers : Yes/ No
    - !! Affidavit on Stamp Paper : Yes/ No.
  - (h) Incase of death of card holder the following documents are submitted----
    - I. Affidavit on Stamp paper by Claimant : Yes/ No.
    - II. No objection from other legal Heirs on Stamp papers : Yes/ No.
    - III. Copy of death certificate : Yes/ No.

Dated:.....

Signature of CGHScard holder

Tel. No. (O)

(R)

e-mail Address

Name of the Bank ..... Branch ..... SB A/ C No.

Branch MICR Code ..... Tel. No. of Bank Branch.....