

## **Annexure-VII**

### **NEW HEALTH INSURANCE SCHEME, 2012** **for Employees of Govt. Departments and Organisations covered under this Scheme**

#### **Form for furnishing Data of Employee and their eligible Family Members for insurance coverage under New Health Insurance Scheme, 2012 to Insurance Company/Third Party Administrator.**

1. Name of the Employee \* :  
Contact Mobile No. :  
*\*In case the spouse is employed, the details of the spouse shall also be furnished in the same format separately.*
2. Designation :
3. Pay Drawn Particulars : **Pay in PB + Grade Pay = Total**  
 +  +
4. Head of Account in which the Govt. Employee's contribution is being recovered.
5. Type of Office :  
Govt. / PSU & SB / Local Bodies / Universities / Organisations / Institutions
6. Office in which Employed :
7. Date of Birth :
8. Date of Appointment :
9. Date of Retirement :
10. Designation of Drawing & Disbursing Officer & Code :
11. Pay Drawing Office attached :  
[PAO / Treasury / Sub-Treasury with Address for Govt. Employees]  
{Others – Address of the Office
12. Employee Code :\*\*  
**\*\*GPF/CPS/TPF No. for Govt. Employees**  
Employee Code of other organisations, if any assigned shall be indicated along with the Identification of the Organisation

13. Details of the Employee and their :  
eligible Family Members under the  
NHIS, 2012

Sl. No.	Name	Age as on 1-6-2012	Relationship to the Employee	Marital Status	Employment Status	Stamp size Photo
1.			<b>Self</b>			
2.						
3.						
4.						
5.						

**Signature of the Employee.**

Certified that the above particulars are verified with the Service Register of the Employee.

**Signature of Drawing and Disbursing  
Officer in Government Departments**

Name :

Designation :

Date :

Seal :