

**Ministry of Micro, Small and Medium Enterprises
Office of the Development Commissioner (MSME)**

APPLICATION FORM FOR ADDITION / DELETION

1. EMPLOYEE CODE NO. ** : _____
2. NO. OF CGHS IDENTITY CARD : _____
3. NAME OF THE GOVT. SERVANT : _____
4. MINISTRY/OFFICE IN WHICH WORKING : _____

5. NEW ADDITION/DELETION :

Sl.no.	Name	Date of Birth	Relation

SIGNATURE OF GOVT. SERVANT / : _____
THUMB IMPRESSION.
Date :

SIGNATURE AND DESIGNATION OF : _____
ISSUING AUTHORITY / SEAL

SIGNATURE OF MEDICAL OFFICER : _____

Note : Form must be filled in triplicate along with the photographs and submit to Administration/Section/Branch

***** Can be had from Cash Section using Composite Payroll System.***