

FORM A
Application for enrolment
(See sub-clause (1) of clause 4)

To
The(Cadre Controlling Authority/Head of Office)

Sir,

I, Shri/Smt , W.B.C.S.(Exe.)
.....(designation)
attached to(office) under
.....(Department) do hereby opt for coming
under the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of my family as defined in para 3(e) of the Scheme are
as follows :

Name of the Government. employee :
Designation :
Residential Address :

Date of birth :
Date of entry into Government service :
Date of Superannuation :
Present Pay (Band Pay+Grade Pay) :
GPF No. :
Details of Family :

Sl. No.	Name	Age & D.O.B.	Relationship	Monthly Income, if any
1.				
2.				
3.				
4.				
5.				

I do hereby declare that upon enrolment under the above scheme I shall forgo the
regular medical allowance drawn by me as part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme,
2008, as may be in force from time to time.

Date:

Signature of the Applicant