

FORM I
Application for enrolment
[See sub-para (iv) of para-4 of Memo No. 3475-F, dated 11.05.2009]

To
The(Pension Sanctioning Authority)

Subject: Application for enrolment to the West Bengal Health Scheme, 2008.

Dear Sir,

I, along with the members of my family whose particulars are given at Sl. No. 10 may please be admitted to the West Bengal Health Scheme, 2008 with effect from

My particulars are given:

1. Name of the Pensioner :
2. Residential Address :

3. Date of Retirement/Death :
4. Department/Office from where retired :
5. Basic Pension (before commutation) :
6. Whether in receipt of Family Pension? :
7. If yes, name of the Family Pensioner :
8. Pension Payment Order No. :
9. Last Pay (Band Pay + Grade Pay) :
drawn before retirement
10. 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 relief drawn by me as part of pensionary benefits.

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.

Signature of the Applicant