



भारतीय कृषि अनुसंधान परिषद
INDIAN COUNCIL OF AGRICULTURAL RESEARCH
भारतीय कृषि अनुसंधान परिषद, नई दिल्ली 110 001
Krishi Bhawan, Dr. Rajendra Prasad Road, New Delhi 110 001

APPENDIX -IV/परिवारिक परिवर्तन

ADDITION/DELETION OF FAMILY/परिवारिक परिवर्तन/कांसेट्टीकरण/परिवर्तन

1- पंजीयन संख्या /CGHS Card No. _____

2- पंजीयन अधिकारी का पता _____

Name of the Govt. Servant/Section/ _____

3- पंजीयन अधिकारी का पता/कार्यलय; पंजीयन अधिकारी का पता _____
 Ministry/Deptt./Office in which employed I.C.A.R.

4- नए जोड़ने/हटाने के लिए परिवारिक परिवर्तन _____

New Addition/Deletions desired

Name/नाम Date of Birth/जन्म तिथि Relationship/संबंध

1- _____

2- _____

3- _____

4- _____

5- _____
 Signature/Thumb impression of Govt. Servant Concerned _____

6- _____
 Signature & Designation of issuing authority (with telephone no.)
 पंजीयन अधिकारी का पता/कार्यलय; पंजीयन अधिकारी का पता _____

7- _____
 Signature of the Medical O/I of the CGHS Dispensary
 पंजीयन संख्या/परिवारिक परिवर्तन/कांसेट्टीकरण/परिवर्तन _____



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भारतीय कृषि अनुसंधान परिषद, 9 बिकानेर हाउस हटमेंट्स
Krishi Bhawan, Dr. Rajendra Prasad Road, New Delhi 110 001

1 0 16&6@04&LFk&AAA

fnukol@Dated

l ok ep

l a Dr funskd veq; ky; 1/2
 vij funskd dk; ky; veq; ky; 1/2
 l hth, p, l funskky;] 9 chokuj gkml gvev@
 ubZfnYyh&110001

The Joint Director (Hq.)
 Office of the Additional Director (Hq.)
 CGHS Directorate, 9 Bikaner House Hutments
 New Delhi- 110 001

fo"K: % ubZ J[kyk 2004@u; sl h th , p , l dMz tkjh djuk
Sub: Issue of New Series 2004/Fresh CGHS Cards

egkn;]

ep HkOd0v0i0 dsfuEufyf[kr depkjh vdepkj; k% ds l aak eafof/kor : i eaHkjsqq bUMBl @igpku
 i=@fMLiBl jh iek.k&i= bl ds l kfk l ayXu dj jgk g% vr%vujk%k gSfd mudsuke l subZ J[kyk ds l h th
 , p , l dMz tkjh fd, tk, avlg bl dk; ky; dks 'kr?k vx?kr fd, tk, aA

I am enclosing herewith duly completed Index/Identity Card/Dependency Certificate in respect of under mentioned ICAR employee(s). It is requested that new series CGHS Cards may be issued in their name and forwarded to this office at an early date.

dZl a@ Sl.No.

ule@ Name

dMz l j; k@Card No.

- 1-
- 2-
- 3-
- 4-
- 5-

Hkonh; @Yours faithfully,

vukx vf/kdkjh@Section Officer



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Krishi Bhawan, Dr. Rajendra Prasad Road, New Delhi 110 001

TRANSFER OF DISPENSARY/vsk/wky; dk Lfkukarj.k

- 1- I h t h , p , l - d m z l d @ C . G . H . S . Card No %
- 2- I j d k j h d e p k j h d k u k e , o a V s y h Q k s u u e c j @ %
Name/Tel. No. of the Govt. Servant
- 3- e a k y ; @ f o h k x @ d k ; k y ; % H k d - v u q i -
Ministry/Deptt./Office : I C A R
- 4- f u o k l d k i j k u k i r k r f k v s k / w k y ; t g l a l s L f k u k a r j . k d j o k u k g s %
Previous residential address & dispensary from which transferred :
- 5- u ; k v k o k l h ; i r k @ N e w R e s i d e n t i a l A d d r e s s %
- 6- d e p k j h d s g L r k k j @ S i g n a t u r e o f G o v t . S e r v a n t %
- 7- t k j h d j u s o k y s i k f / k d k j h } k j k v k a v r u ; k v s k / w k y ; @
New dispensary allotted by the issuing authority :
- 8- t k j h d j u s o k y s i k f / k d k j h d s g L r k k j , o a i n u k e V s y h Q k s u u e c j l f g r @
Signature & Designation of issuing authority with telephone no.:
- 9- t g l a l s L f k u k a r j . k p k f g , m l v s k / w k y ; d s i H k j h f p f d R I k v f / k d k j h d s g L r k k j @
Signature of Medical Officer Incharge Dispensary from which transferred:
- 10- t g l a l s L f k u k a r j r f d ; k t k u k g S m l v s k / w k y ; d s i H k j h f p f d R I k v f / k d k j h d s g L r k k j @
Signature of Medical Officer Incharge dispensary to which transferred:



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भारतीय कृषि अनुसंधान परिषद, नई दिल्ली

- 1- आवेदनकर्ता केवल पत्नी (या पति), बच्चे, स्टेप बच्चे और निर्भर अभिभावक शामिल होंगे, जो कि शादी या विधवा आदि अन्य संबंधों से नहीं होंगे।
- 2- आवेदनकर्ता के निर्भर अभिभावक के लिए, एक निर्भरता प्रमाण पत्र (निम्नलिखित प्रमाण पत्र के समान) प्रस्तुत किया जा सकता है।
- 3- यदि आवेदनकर्ता के बच्चे की उम्र 18 वर्ष से अधिक है और लड़की की उम्र 15 वर्ष से अधिक है, तो एक निर्भरता प्रमाण पत्र (निम्नलिखित प्रमाण पत्र के समान) प्रस्तुत किया जा सकता है।

IMPORTANT INSTRUCTIONS FOR THE GUIDANCE OF APPLICANT

1. Family includes only wife (or husband), children, step children and dependent parents and no other relations such as married or widowed etc.
2. In case of dependent parents, a dependency certificate (specimen given below) may be furnished in triplicate.
3. In case of major children (son at the age of 18 years and daughter at the age of 15 years is considered major), a dependency certificate (specimen given below) may be furnished in triplicate.

भारतीय कृषि अनुसंधान परिषद के लिए आवेदन

दस्तावेजों की संख्या 84/83, मि. आर. प्रसाद रोड, नई दिल्ली, भारत 110 001

- 1- आवेदनकर्ता को आवेदन पत्र में आवेदनकर्ता के पते का उल्लेख करना चाहिए। आवेदन पत्र को आवेदनकर्ता के पते पर भेजा जा सकता है।
- 2- आवेदनकर्ता को आवेदन पत्र में आवेदनकर्ता के पते का उल्लेख करना चाहिए। आवेदन पत्र को आवेदनकर्ता के पते पर भेजा जा सकता है।

- 3- eš lR; kfir djrk gmf d ejk iē uke-----vk; q-----o"lz cjkst: xkj vls
vfookfgr gsvls ijh rjg eē ij vkfJr gā
- 4- eš lR; kfir djrk gmf d ejh iēh@fo?kok iēh uke-----vk; q-----o"lz
vfookfgr vls cjkst: xkj vls ijh rjg eē ij vkfJr gā
- 5- eš lR; kfir djrk gmf d ejh iRuh@ifr uke-----fdl h ljdkjh dk; ky; @v/lz ljdkjh
dk; ky; vfkok l hfk ea dk; Jr ughgā
- 6- eš lR; kfir djrk gmf d ejk Hkbz@ cgu@ fo/kok cgu uke-----vk; q-----o"lz
vfookfgr vls cjkst: xkj vls ijh rjg eē ij vkfJr gā

DEPENDENCY CERTIFICATE IN RESPECT OF PARENTS/CHILDRES

Reference O.M. No. 7-84/83- C&P Sec./CGHS-1777-2777 dated 19.2.87

1. I hereby declare that my father/mother namely.....
is/are wholly/mainly dependent upon me and that he/she/the normally reside with
me in Delhi/New Delhi.
2. I also certify that the total monthly income of my father/mother does not exceed my
pay plus dearness pay (where applicable) and that it does not also exceed Rs.
500/p.m.
3. I certify that my son namely.....age.....
years is unemployed and unmarried and wholly dependent on me.
4. I certify that my daughter/widow daughter namely.....
age..... years is unmarried and unemployed and wholly dependent on me.
5. I certify that my wife/husband namely
is not employed in any Govt. Offices/Semi-Govt. and organisation.
6. I certify that my brother/sister/widow sister namely unmarried and unemployed and
wholly dependent on me.

mElnokj dsgLrk(lj
Signature of the applicant



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INDIAN COUNCIL OF AGRICULTURAL RESEARCH
भारत कृषि भवन, नई दिल्ली 110 001
Krishi Bhawan, New Delhi 110 001

LFkbZ l h th , p , l dMz @ igpk u i= dsfy, vkonu i=
APPLICATION FOR PERMANENT CGHS INDEX/IDENTITY CARD

1. mEelnokj dk uke ¼ijk uke Li"V v{kjke@Name of the applicant in full & block letters½ %
2. inuke@Designation %
3. dk; j r vutkkx dk uke] dejk vls njjHk" k u@Name of the Section in which working and Room and Telephone No. %
4. D;k ubZ HkrlZ gS vFkok vl; dthh; ljdkjh dk; k; ; l s LFkukUrj.k gvk g@Whether fresh appointment or on transfer from other Central Govt. Office. %
5. HkOd0v0i0 eq; ky; ea dk; Hkj xg.k djus dh rkjh[k@Date of joining the ICAR Hqrs. %
6. igys dk; k; ; dk uke ¼=kpkj dk ijk i r k@Name of the previous office (full postal address) %
7. D;k mlga igys dk; k; ; us dk; l h th , p , l dMz @vLFkbZ Qseyh ijfeV tkjh fd; k x; k Fkj ; fn gk r k s ml dk u@ rkjh[k vls tkjh djus okys i r /kdkjh dk uke ¼fn igys dMz ds QV tkus vFkok [ks tkus ds dkj.k dMz tkjh fd; k x; k r k s ml ekeys dk Hk mYys[k fd; k tk, %@Whether he/she was issued any CGHS Card/Temporary Family Permit, by his previous office. If so, its number date and name of the Issuing Authority (in case the card was issued consequent on the earlier card having become mutilated or having been lost, this face may also be indicated). %
8. fnYyh dk vkokl h; i r k@Residential Address in Delhi %

9- i kfjokfjd l nL; kcdk fooj.k %o; a l fgr% @Details of family members (including self)

| Sl.No. | Name | Date of Birth | Relationship |
|--------|------|---------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

mEelnokj dsGLrk{kj
Signature of the applicant
fnukd @Date%

Hk0d0v0i0 dsLFk0AAA vutkx dks vko'; d dkj bkbZ grq vxf"krA
Forwarded to the Estt. III Section, ICAR for necessary action.

vxfr djusokysvf/kdkjh dsGLrk{kj
Signature of the forwarding officer
inuke @Designation %

LFkiuk&AAA] Hk0d0v0i0
Estt. III Section, ICAR

Hkjrh; dfr'k vuq akku ifj'kn
INDIAN COUNCIL OF AGRICULTURAL RESEARCH
dfr'k Hkou] MNV jktshz id kn exl' ubzfnYyh&110 001
Krishi Bhawan, Dr. Rajendra Prasad Road, New Delhi 110 001

QkO I @ 9&36@2000&LFk-AAA

fnukd

vDrw'j] 2006

I ok ep

i Hkxh;] jsyos izakd %dkfed½
mRrj&iwZ jsyos okjk.kl h i Hkx
okjk.kl h %m0i0½

fo"K; %Jh Hjr id kn] iwZ voj Jsh fyfid dks I keld; Hfo"; fuf/k@minku vkfn
ds Hkrku I eakh

egkn;]

eSmijDr fo"K; ij vkids i= I @ ifj-@ihl h@Hjr id kn@I LVsek- fnukd 20-2-
2006 ds I mHkZ ea vki dks voxr djrk gafd Jh Hjr id kn ds ^vukifRr iek.k&i=** ml
I e; tkjh dj fn;k Fk tc I gk;d LV\$ku ekLVj ds in ds fy, budk vkonu mRrj&iwZ
jyos dks Hst k x;k FkA Jh Hjr id kn] iwZ voj Jsh fyfid dks minku %xB; %h½ dk dksZ
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3639@&: 0 dh jf'k iMh gSftI s buds vks pkjd vkonu ds ikr gks ij tkjh dj fn;k
tk, xkA

Hkonh;]

%hds tksh½
voj I fpo %zkl u½