



'Employee Health Services (EHS) – AIIMS Deoghar'

Application Form for Addition/Deletion of Dependents in EHS Scheme

Name of the Employee: _____ EHS No.: _____

Designation & Department/Office _____

Employee ID _____

Residential Address: _____

Email ID: _____ Contact No: _____

Addition Deletion

Details of Family member:

S.No	Name	Relationship with EHS CardHolder	D.O.B	Gender	Blood Group	Marital status	Mobile No	Email id	Validity (Office Use)
1									
2									
3									
4									

Furnish details of any modification in Family (on account of birth, death, marriage, marriage of daughter, Son more than 25 years, changed in income status of dependent parent, disability, divorced daughter, divorced, widow etc.). Refer to Definition of Family in EHS manual, AIIMS Deoghar.

- Paste Photograph(s) of newly added member(s).

Photo	1.	2.	3.	4.
Name				
Reason for Modification				
Proof of Relationship				
Supporting Docs (kindly attach)				

DECLARATION

I hereby declare that the statements made above are true and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Note:- Cover Letter is Mandatory for every Addition and Deletion of Dependents by Employee with this forms.

Dated:

**Forwarded by Head of Deptt/Section
AIIMS Deoghar.**

Signature of Employee



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India
'Employee Health Services (EHS) – AIIMS Deoghar'



FOR OFFICIAL USE

The information furnished by the applicant has been verified and found to be correct and fixed EHS subscription rate as per entitlement are being deducted every month from the salary of the applicant as usual. It is requested to consider for the issue of EHS ID, EHS smart card & EHS booklet for newly added member(s).

**Verified by concerned Administrative Officer
AIIMS Deoghar.**

(To be filled by EHS Cell)

EHS no has been allocated to the applicant(s) by EHS cell.

S.no	Newly added beneficiary Name	EHS ID No	Date of EHS Card Issued
01			
02			
03			
04			

**EHS Chairperson
AIIMS Deoghar**

INSTRUCTIONS

Definition of Family:

- (1) Husband/Wife* (*First wife only)
- (2) Dependent Parents / Step Mother (in case of adoption, only adoptive & not real parents)
- (3) If adoptive father has more than one wife, the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents-in law; option exercise can be changed only once during service.
- (5) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier?
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, which ever maybe earlier?
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / Widowed sisters	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Upto the age of becoming a major.

For the purpose of availing E.H.S. facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

'Disability' will be AS DEFINED IN SECTION 2 (1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:

- “(1) “DISABILITY” MEANS
- (I) BLINDNESS
 - (II) LOW VISION
 - (III) LEPROCYCURED
 - (IV) HEARING IMPAIRMENT
 - (V) LOCOMOTOR DISABILITY
 - (VI) MENTAL RETARDATION
 - (VII) MENTAL ILLNESS”

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000/- + DR per month are treated as dependents and are normally residing with E.H.S. beneficiary.

The Following Documents are to be enclosed:

- (I) **Proof of Residence/Stay of dependents**—(copy of Aadhaar Card/ Ration Card / Election ID/PassPort /Identity card issued by College/School/University/Bank Pass Book, etc.
- (II) **Proof of age of son-**
- (III) **Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)**

For Pensioners applying for E.H.S. card for the First time the following Additional Documents are required:

- (IV) **Surrender Certificate of E.H.S. Card while in service.**
- (V) **Attested copies of PPO & Last Pay Certificate.**

Contribution by Pensioners should be made through Challan/Cash/Cheque/ Bank Draft payable in favour of “the Director” AIIMS, Deoghar under due process of concerned Establishment Section AIIMS, Deoghar.