FORM FOR ALL TYPES OF PENSIONERS

Annliaant's

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) APPLICATION FORM FOR MEMBERSHIP

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3.	(a) Name of Ex-((Maximum 32 Chaincluding space)			man																						
ſ	(b) Name of Fan	nily	Pen	sion	er	Ī	T	Ī	1	Ī		T	Ī	Ť	T	T	T	T		Ī		Ī		_		
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	(d) Date of Demi	ise d	of Pe	ensid	one	r [(DD	-MM	-YYY	Y)					P		
4.	Date of Birth of	Appl	icar	nt]					(DD	-ММ	-YYY	Υ)							
5 .	Date of Commiss	sion	/Eni	rolen	nen	t [(DD	-ММ	-YYY	Y)							
6.	Date of Retireme	ent/[disc	harg	e											(DD	-ММ	-YYY	Y)							
7.	Permanent]			Τ				T												
	Address										ļ	L			<u> </u>	<u> </u>	↓_	\perp	igspace	<u>.</u>	_	<u> </u>	4			
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8.	Telephone No	L	<u> </u>	<u></u>		<u> </u>	<u> </u>		L				<u>L</u>	<u> </u>		<u> </u>		Ļ			<u> </u>	<u> </u>				
9.	E-Mail Address		<u> </u>			L			<u> </u>	<u>.</u>		_				_						1.	_			
10.	Add on Card Re	quir	ed (√) [Yes] [No] <u>N</u>	<u>ote</u>	: Yo	u are	perm	itted	to ap	ply fo	or ma	ximu	m tw	o 'Ad	d On	Card	is'.		
11.	Type of Pension	(√)			Nor	mal				Disa	abilit	у			F	amil	y									
12.	a. Pension Payme	nt O	rder	No (PPC	No)	1		-																	
401	(attach photo copy) <u>For Future Retiree</u> b. Bankers Certific	Only	- Do	not fi	H, If F			eceiv		ю	· — ·					L										
12.t			RIIG	1086	u T	Ye	•			T	 										Γ.		Ι			
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14.	Pension Bank			\dashv	<u>_</u> _					T										Ι	1		<u> </u>			
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16.	Drug Allergy (if	any)						<u> </u>	L	<u> </u>	<u> </u>		<u>_</u>	<u> </u>		<u></u>	<u> </u>			<u> </u>			Ļ			event
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Application Regn No	

PART-II PARTICULARS OF DEPENDANTS

Name of SPOUSE (Maximum 20 Characters including Space)	Affix Recent Colour Passport size Photo of
Date of Birth (DD-MM-YYYY)	SPOUSE of Pensioner (if required trim to
Date of Marriage (DD-MM-YYYY)	fit size of box)
Add on Card Required (✓) Yes No	
Mentioned in Service/Discharge Book (✓) Yes No	
Drug Allergy (if any)	
Blood Group (✓)	+ 0-
Name of FATHER (Maximum 20 Characters including Space)	Affix Recent Colour Passport
Date of Birth (DD-MM-YYYY)	size Photo of FATHER of Pensioner (if required trim to
Add on Card Required (✓) Yes No Employed (✓) Yes No	fit size of box)
Mentioned in Service/Discharge Book (✓) Yes No Part II Order Published and Copy/Proof attached (✓)	No
Drug Allergy (if any)	
Blood Group (✓)	0-
Name of	
MOTHER (Maximum 20 Characters including Space)	Affix Recent Colour Passport size Photo of MOTHER of
Date of Birth (DD-MM-YYYY)	Pensioner (if required trim to
Add on Card Required (✓) Yes No Employed (✓) Yes No	fit size of box)
Mentioned in Service/Discharge Book (✓) Yes No Part II Order Published and Copy/Proof attached (✓) Yes	No
Drug Allergy (if any)	
Blood Group (✓) A + A - B + B - AB + AB - O +	0-

y challar	
2. In case a child mentally/physicall	group.
Note :1. In case of more than three children the ESM to photocopy this page.	Attach relevant medical documents of drug allergy (if any) and blood group.
Note :1	ų

Application Regn No
Name of
CHILD Affix Recent (Maximum 20 Characters including Space) Colour Passport
Date of Birth (DD-MM-YYYY) size Photo of CHILD of
Relationship (with Ex-Serviceman) Pensioner
Married Un-Married Divorcee fit size of box) Widow Divorcee
Add on Card Required (<) Yes No Permanent Disability (<) Yes No
Mentioned in Service/Discharge Book (✓) Yes No Part II Order Published and Copy/Proof attached (✓) Yes No
Drug Allergy (if any)
Blood Group (✓) A + A - B + B - AB + AB - O + O -
Name of CHILD (Maximum 20 Characters including Space) Affix Recent Colour Passport
Date of Birth Size Photo of CHiLD of
Relationship (with Ex-Serviceman) Employed(Yes No Pensioner (if required trim to
Marital Status (✓) Married Un-Married Divorcee (For daughter only - if applicable)
Add on Card Required (🗸) Yes No Permanent Disability (🗸) Yes No
Mentioned in Service/Discharge Book (✓) Yes No Part II Order Published and Copy/Proof attached (✓) Yes No
Drug Allergy (if any)
Blood Group (~) A + A - B + B - AB + O + O -
Name of CHILD (Maximum 20 Characters including Space) Affix Recent Colour Passport pire Photo of
Date of Birth (DD-MM-YYYY) size Photo of CHILD of Pensioner
Relationship (with Ex-Serviceman)
Marital Status (✓) Married Un-Married Widow Divorcee (For daughter only - if applicable)
Add on Card Required (<) Yes No Permanent Disability (<) Yes No
Mentioned in Service/Discharge Book (✓) Yes No Part II Order Published and Copy/Proof attached (✓) Yes No
Drug Allergy (if any)
Blood Group (*) A + A - B + B - AB + O + O -
Signature and stamp of authorising Officer of Station Headquarters/Record Office.

Application Regn N	lo	

PART III -- DETAILS OF MRO PAYMENT

(Serials 1 to 4 to be filled by only those whose contribution NOT deducted in PPO)

1. Payment in Installments (Tick as applicable)	One	Two		Three		
2. Bank RBI SBI Branch						
3. MRO No		Date of P	ayment	t		
4. Amount (Rupees)						-
PART IV — DETAILS 1. Total Cards Demanded (✓) 1 2	3 A	MENT FOR			<u>us</u> nt (Rupees)	
 Total Cards Demanded (✓) 1 2 Mode of payment DDNo. 	Date of D	raft	 	Bank Nan	1	
Date (DD-	MM-YYYY)					
NOTE : Faulty entries requiring subsequent correction made on additional payment.	will entail fr	esh cards be	ing	(Si	gnature of Ap	pplicant)
PART V — TO BE FILLED BY	STATION	HEADQU	ARTE	RS/REC	ORD OFF	ICE
Basic Pension (Rupees)	2. Do	ocuments C	hecked	and Rec	eipt issued	d(✓) Yes
3. Payment Received for Smart Cards (✓)	one	two		ree	Rs.	
4. Category for Hospitalisation (✓) Private		Semi-P			Gener	ral
		-	1144			· · · · · <u>· · · · · · · · · · · · · · · </u>
5. Date of Receipt of Application Form / Date of Retirement of Future Retiree						
6. Date application forwarded to Regional Centre					-	nd stamp of Station rters/Record Office
PART VI — TO BE F	ILLED BY	REGION	L CE	NTRE EC	CHS	
Date of Receipt of Application Form						
2. Date application forwarded to Vendor						Initials of Jt Dir (Med)
Checked by (initials & No.) Verified by (initials & No.)	- I					
						ignature and Stamp f Authorised Offr
SMART CARD DETAILS (to be filled on receipt	from vendo	<u> 2r)</u>				
Date of Receipt of Smart Card(s)						
2. ECHS No. (Mentioned in Smart Card)						
3. No of Smart Card(s) issued (✓) One	Two	Three				
(a) Dispatched to					(Station HQ/	Record Office/individual
(b) Date of Dispatch					****	Initials

GENERAL INSTRUCTIONS FOR FILLING UP ECHS APPLICATION FORM BY PENSIONERS INCLUDING WIDOWS / FAMILY PENSIONERS / NOK

1. Eligibility Conditions

- (a) Ex-Servicemen drawing pension /disability pension or widows/next of kin who are in receipt of family pension are eligible to apply for ECHS membership.
- (b) Ex-servicemen who are not drawing any pension are NOT entitled for ECHS membership.
- (c) Ex-servicemen who are members of any other Government Medical Scheme are NOT entitled to become ECHS members. Simultaneous membership of two Govt Medical Schemes is not permitted.
- (d) <u>Dependents.</u> Ex-Servicemen eligible to apply for ECHS membership are permitted to include names of their dependents as under:-
 - (i) Wife/Husband (Name should be recorded in service records of the pensioner).
 - (ii) Unemployed Sons below 25 years of age. Married sons, even though below 25 years of age, are NOT permitted to be included as 'dependents' (Names should be recorded in service records of the pensioner).
 - (iii) Unemployed/Unmarried /Divorced/Widow dependant daughters, irrespective of age. (Names should be recorded in service records of the pensioner).
 - (iv) Physically/Mentally handicapped children for life. (Certificate for physical/mental handicap duly signed by a Service specialist is required as a supporting document). In addition proof of dependancy to be attached. Onset of disability after the age of 25 years is not eligible for membership.
 - (v) 'Wholly dependent' parents. Parents whose monthly income from all sources exceeds Rs 2550/-pm are NOT eligible to be included as 'dependents'. (Names should be recorded in service records of the pensioner). Father/Mother who are retired employees of Central Govt./State Govt/PSU would necessarily be drawing a pension of over Rs. 2550/- per month. Such personnel cannot be termed dependent.
 - (vi) In case of a widow pensioner, the parents of the deceased soldier are permitted to be included as dependents, provided their monthly income from all sources does NOT exceed Rs 2550/-. (Names should be recorded in service records of the pensioner).
 - (vii) In case a widow remarries and is in receipt of pension she and her children are entitled to become ECHS members. However, her present husband and children from present husband are NOT permitted to be included as dependents.
 - (viii) Grandparents/grandchildren are NOT permitted to be included as 'dependents'.
 - (ix) In case of marriage after retirement or birth of children after retirement, Ex-Servicemen pensioners are requested to contact their Record Office for Publication of Part II Orders for Marriage/Birth.

2. Payment of ECHS Contribution Amount.

(a) <u>For Pre 01 Apr 2003 Pensioners.</u> Ex-Servicemen eligible to become ECHS members are required to deposit ECHS Contribution amount in Govt Treasury/Nationalised Banks through MRO. Four copies of the MRO to be prepared as per sample attached. The rates of contribution will be based on the Revised Pension slabs (Uncommuted Basic Pension + Dearness Pension) of a pensioner as given below:

	PENSION ommuted Basic Pension rness Pension)	RATE OF ONE TIME SUBSCRIPTION
Upto	Rs. 3000/-	Rs. 1800/-
Between	Rs. 3001 to 6000/-	Rs. 4800/-
Between	Rs. 6001 to 10000/-	Rs. 8400/-
Between	Rs. 10001 to 15000/-	Rs. 12000/-
Above	Rs. 15001/-	Rs. 18000/-

Notes:- (i) War Widows (Veer Naris) have been exempted from paying ECHS contribution amount.

- (ii) Ex-servicemen/widows/parents eligible to become ECHS members have the option to become ECHS members only upto 31 Mar 2008. Thereafter, entry to the Scheme for pre 01 Apr 2003 retirees will be closed.
- (iii) Medical Allowance of Rs 100/-pm being drawn by Ex-servicemen will be stopped with effect from the date of joining the ECHS.
- (iv) Amount paid by Ex-servicemen towards membership of AGIF(MBS)/AFGIS, will be refunded in full by AGIF/AFGI on joining ECHS. Members to apply for refund to AGI/AFGI Directorate alongwith copy of ECHS Membership Card, AGIF(MBS)/AFGIS Card and their banker details.
- (b) <u>Post 01 Apr 2003 Retirees.</u> Post 01 Apr 2003 pensioners are compulsory members of ECHS. Their ECHS contribution amount is deducted at source by CDA(Pension) Allahabad and reflected in the PPO. In cases where ECHS contribution amount has not been deducted at source by CDA(P), pensioners are required to deposit their contribution amount through an MRO, as per Para 2 (a) above.

3. Payment of ECHS Membership Cards

- (a) Ex-servicemen eligible to become ECHS members will be issued ECHS Smart Card on payment of Rs 90/-. This Card will be called 'Master Smart Card' and will include the details of all authorised dependents. However, a pensioner is permitted to opt for a maximum of two add on cards on payment of Rs 90/-per card. The cost of Smart Cards will be paid through Demand Draft in favour of, as under:-
 - (i) <u>For Pre 01 Apr 2003 Pensioners.</u> In favour of concerned Regional Centre ECHS Non Public fund Accounts in whose jurisdication the application is being submitted.
 - (ii) <u>For Post 01 Apr 2003 Pensioners.</u> Demand Draft in favour of ECHS Regional Centre with which the Record Office of the pensioner is affiliated. The demand draft should be payable at the city of location of ECHS Regional Centre. For list of affiliation of Record Offices see Page 7.

4. Collection, Filling & Submission of ECHS Application Forms

- (a) <u>Pre-01 Apr 2003 Retirees.</u> Ex-servicemen eligible to become ECHS members may approach nearest Station HQs or Service Hospitals or CSD Canteens to collect the ECHS Application Form, and will take following actions:-
 - (i) Fill up the Self Explanatory Application Form. Rank of the pensioner to be written in Abbreviated form as per details given at Page 8.
 - (ii) Prepare Affidavit on Rs 10/- Non Judicial Stamp Paper as per Specimen Format given at Page 10.
 - (iii) Deposit prescribed amount of ECHS Contribution in Bank/Govt Treasury through MRO.
 - (iv) Prepare demand draft towards cost of Smart Card(s).
 - (v) Make photocopy of PPO and enclose it with the application.
 - (vi) Obtain DPDO/bankers' certificate giving details of pension. (see Certificate attached at Page 13). Enclose Certificate with application.
 - (vii) Paste photographs of all eligible members on the Application Form and on Receipt of documents.
 - (viii) Deposit the completed Application Form alongwith connected documents to the nearest Stn HQs and obtain Receipt as given at Page 9. Carry original documents including Service / Discharge Book for verification by the Station HQs/ECHS Regional Centre.

(b) Post 01 Apr 2003 Pensioners.

- (i) ECHS Application Form to be made available to the retiring person by parent unit/Record office of the individual.
- (ii) ECHS Application Form will be filled up (Rank of the pensioner to be mentioned in abbreviated form) and submitted to concerned Record Office alongwith demand draft for cost of Smart Cards, Affidavit, Proof of allergies (if any) and certificate for Blood Group and Pension Documents as follows:

- Army Headquarters/AG's Branch MP 6
- Army Headquarters/AG's Branch MPRS (O) for AMC, ADC & MNS Officers.
- Concerned Records Office (refer Page 7)
- for all JCOs & OR of the Army.

for non-AMC Officers.

- Naval Headquarters/Director of Personnel (DOP)
- Commodore Bureau of Sailors (CABS), Mumbai for Naval PBOR
- Air Headquarters/DPP & R, through last posted unit
 - for Air Force PBOR.

for Air Force Officers.

for Naval Officers.

Air Force Records Office (AFRO), Delhi Cantt

Notes:-

Regional Centre

Delhi Cantt

- On Receipt of ECHS Application Form, Record Office will check the details reflected in the Application Form with that recorded in the Service documents. Record Office will issue the Receipt of Application Form and will submit the form to dependent ECHS Regional Centre.
- 2. On receipt of ECHS Application Form from Record Office, concerned ECHS Regional Centre will re-verify the documents and would arrange manufacturing of Smart Card (s) and dispatch to Station HO/ Record Office/Individual.

ECHS MEMBERS: POINTS TO REMEMBER

- 1. Please note that whenever you or your authorised dependents require medical assistance, you need to FIRST contact your nearest ECHS Polyclinic for treatment. After working hours you may go to a Service Hospital directly.
- 2. In case of 'EMERGENCY' (Life Saving situation etc.), you may seek medical assistance from any Servuce/empanelled/non-empanelled civil/govt hospital. You must inform your nearest ECHS Polyclinic within 48 hours about your illness and treatment being undertaken. This is very 'IMPORTANT'.
- 3. In case you have availed treatment in a 'Non empanelled' hospital during 'EMERGENCY', you need to pay your bills to the treating hospital and claim reimbursement through your nearest ECHS Polyclinic. The reimbursement will be restricted to CGHS rates and subject to confirmation and verification of 'EMERGENCY'.
- 4. Also remember, whenever you need any guidance about availing treatment under ECHS, go to your nearest ECHS Polyclinic. Do not make presumptions on rules of the Scheme.

Army HQs/AG's Branch MP 6/ MPRS (O) - for Army Officers; Naval Headquarters/ DOP - for Naval Officers;

AFFILIATION OF SERVICE HQS & RECORDS OFFICES WITH ECHS REGIONAL CENTRES

	Air Headquarters / DPP & R - for Air Force Officers; Air Force Records Office (AFRO) - for all Air Force PBOR; and RAJPUTANA RIFLES.
Pune	Armoured Corps; Regiment of Artillery; Air Defence Artillery; Mechanised Infantry; Bombay Engineer Group (BEG); BRIGADE of GUARDS; Intelligence Corps; Army Physical Training Corps (APTC); Army Postal Service (APS).
Patna	PUNJAB Regiment; SIKH Regiment; BIHAR Regiment; 3 & 9 GORKHA RIFLES; Army Service Corps (AT).
Lucknow	Bengal Engineer Group (BEG); RAJPUT Regiment; JAT Regiment; SIKH Light Infantry Regiment; DOGRA Regiment; GARHWAL RIFLES; KUMAON Regiment; 11 GORKHA RIFLES; Army Medical Corps (AMC); Remount & Veterinary Corps (RVC).

MARATHA Light Infantry; Army Ordnance Corps (AOC); Electronic and Mechanical Engineers (EME). Hyderabad

Corps of Signals; GRENADIER Regiment; MAHAR Regiment; Jammu & Kashmir Rifles (JAK RIF); Jabalpur Army Education Corps (AEC).

Jammu & Kashmir Light Infantry (JAK LI); LADAKH SCOUTS. Jammu

Affiliated Sections at Service HOs & Records Office

Guwahati ASSAM Regiment; 5 & 8 GORKHA RIFLES.

1 & 4 GORKHA RIFLES. Chandimandir

Madras Engineer Group (MEG); PARACHUTE Regiment; MADRAS Regiment; Army Service Corps (South); Chennai Corps of Military Police (CMP); Pioneer Corps.

Kochi CABS, Mumbai - for all Navy PBOR; Defence Security Corps (DSC).

ABBREVIATED RANKS OF THE THREE SERVICES

OFFICERS

ARMY	Abbreviation	NAVY	Abbreviation	AIRFORCE	Abbreviation
General	Gen	Admiral	Adm	Air Chief Marshal	ACM
Lieutenant General	Lt Gen	Vice Admiral/ Surg Vice Admiral	V Adm/ Surg V Adm	Air Marshal	Air Mshl
Major General	Maj Gen	Rear Admiral/ Surg Rear Admiral	R Adm/ Surg R Adm	Air Vice Marshal	AVM
Brigadier	Brig	Commodore/ Surg Commodore	Cmde/ Surg Cmde	Air Commodore	Air Cmde
Colonel	Col	Captain/Surg Captain	Capt (IN)/Surg Capt	Group Captain	Gp Capt
Lieutenant Colonel	Lt Col	Commander/ Surg Commander	Cdr/ Surg Cdr	Wing Commander	Wg Cdr
Major	Мај	Lt Commander/ Surg Lt Commander	Lt Cdr/ Surg Lt Cdr	Squadron Leader	Sqn Ldr
Captain	Capt	Lt/Surg Lt	Lt (IN) / Surg Lt	Flight Lieutenant	Flt Lt
Lieutenant	Lt	Sub Lt/Surg Sub Lt	S Lt/Surg S Lt	Flying Officer	Fg Offr
2/Lieutenant	2 Lt			- 10	
Gentleman Cadet	GC				
PBOR	- <u>-</u>				1
ARMY		NAVY		AIR FORCE	1
Honorary Captain	Hony Capt	Honorary Lieutenant	Hony Lt (IN)	Honorary Flight Lieutenant	Hony Flt Lt
Honorary Lieutenant	Hony Lt	Honorary Sub Lieutenant	Hony Sub Lt(IN)	Honorary Flying Officer	Hony Fg Offr
Subedar Major or Risaldar Major	Sub Maj or Ris Maj	Master Chief Petty Officer 1	MCPO 1	Master Warrant Officer	MWO
Hony Sub Maj	Hony Sub Maj				
Subedar or Risaldar	Sub or Ris	Master Chief Petty Officer 2	MCPO 2	Warrant Officer	wo
Hony Subedar	Hony Sub				
Naib Subedar or Naib Risaldar	Nb Sub or Nb Ris	Chief Petty Officer	CPO	Junior Warrant Officer	JWO
Hony Naib Sub	Hony Nb Sub				
Warrant Officer	wo	•	-	Flight Sergeant	Flt Sgt
Havildar or Dafedar	Hav or Dfr	Petty Officer	PO	Sergeant	Sgt
Honorary Havildar	Hony Hav				
Naik or Lance Dafedar	NK or LD	Leading	Ldg	Corporal	Cpl
Lance Naik or Asst Lance Dafedar	LNK or ALD	Seaman I	Sea I	Leading Air Craftsman	LAC
Sepoy (Rfn,Gdsm, Swr, Spr, Sigmn, Cfn, Gnr)	Sep	Seaman II	Sea II	Air Craftsman	AC
Recruit	Rect			Laskar	NCE

RECEIPT FOR DOCUMENTS

EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

(USE BLUE INK ONLY)

	ring documents from No		ame
 (a) Application (b) Photogram (c) Affidavia (d) Copy of Photocom (f) Photocom (g) Demand 	tion form (duly completed). aphs pasted at appropriate place it in original (duly attested). MRO (where applicable). py of PPO duly attested by ban py of Service/Discharge Book/p I draft (for Smart Cards). spitalisation () Private	es. kers/treasury (where applical	
Date: All photographs to be	stamped by issuing Officer.	` •	ure and Stamp of Officer) O/Officer Stn HQ/Record Officer)
PENSIONER	SPOUSE	FATHER	MOTHER
CHILD	CHILD	CHILD	CHILD
2. No Smart3. Record Offi	al receipt is required to be return Card will be issued if this receipt to the indiced at the time of handing over the	eceipt in original is not pro ividual in his unit after checkin	duced. g the Application Form. Receip
	RE	 <u>CEIPT</u>	
Pension Payment Orde (attach photo copy) Received Smart Card(s)	er No (PPO No)	Three	
Date :	_		Signature of Pensione

<u>AF</u> FIDA	<u>VIT ON</u> Rs. 10/- NO	N JUDIÇIAL STAMP P		E OF AFFIDAVIT O BE ATTESTED BY MA	AGISTRATE / NOTARY PUBLIC) DEC	LARATION
		Rank_		Name	10121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Difference of the second
of (Unit)				firm and declare as follow	vs :-	
1.	That I am/will be d	rawing pension vide Pe	CDA Pension	Payment Order No	dated	
2.	That I have the foll	owing legal dependant	t(s) whose ph	otograph(s) is/are affixed	below on this Affidavit:-	
	Name	Relationship	Age	Date of Birth Part II Or	rder No / CRD/SD / POR No	
	Signed photo of De relationship and Id-	pendant giving name, entification mark.			hoto of Dependant giving name, hip and Identification mark.	
(Photogr	raph(s) to be pasted	and signed across b	y each depe	ndant. In case of challen	iged child/minor, to be signed by App	olicant)
3. (a) T	hat the combined me	onthly income of my d	ependant fatl	er and/or dependant moth	her (from all sources) is less than Rs 25	550/
	ly mother/father are ind of pension more		oyees of Cent	ral/State Government/Pub	blic Sector Undertakings. They are not	in receipt of
4.	That my son(s) is/are	under 25 years age at	nd is/are NO	Γemployed, & that my da	aughter(s) is/are are NOT employed or	married.
					atory Health Scheme (ECHS) after he/thiately of his/their employment.	ney attain 25
				OT eligible for the Ex servities of her/their marriage	ricemen Contributory Health Scheme at or employment.	fter she/they
ECHS C	ell at the earliest and	l will stop use of ECH	S facilities. I		mployment), I will inform my Station He cost of any treatment that my dependent il to do so.	
8.	Гhat I am NOT a me	mber of any other med	dical scheme	funded by Central Govt, I	PSU or any other Govt Undertaking.	
unauthor will pay t	ised person, my mer the entire cost of exp	nbership will be cancel enditure incurred on su	lled without a ich unauthori	nny notice or further hearingsed person(s). I will also be	CHS Membership card is misused or ng. In addition, I will forfeit my contril to liable for legal action by the ECHS Otters and lodge an FIR with the local cives.	bution and I rganisation.
11.		n of my Service / Disc nisuse of Smart Card(s			defraud, once I become a member, wi	ll forfeit my
			VE	RIFICATION	Signature of	of Deponent
		do hereby solemnly de ial has been concealed	clare and ver	fy that the contents of the	above affidavit are true to the best of my	/knowledge
	•		•	Month)(Ye	ear)	
	` ,	` '		TESTATION		of Deponent
Name	by DEPONE	NT Service No S/O (Father	Rr's name of I	ankName	on this	lentified by
WITNE	<u>ss</u>					
_	e of Witness No. I lame in Block Capita	als)	-	of Witness No. 2 ne in Block Capitals)		

(Full Postal Address)

(Full Postal Address)

ATTESTED BY

MAGISTRATE/NOTARY PUBLIC

MILITARY RECEIVABLE ORDER

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	SIAHON		
		MRO No:	
		Dated :	
То,			
The Officer-in-Charge of	The Treasury		
_	The State/Reserve Bank of India		
Please receive from No.	Rank	Name	or
order, the sum of Rupees	Rank	on account of	
Department receipt pertaining	TRIBUTORY HEALTH SCHEME (F	echs) and credit the a	mount as Defence
Department receipt per unimig	(Fill relevant statio	n - see reverse)	
MAJOR HEAD: 0076. MI	NOR HEAD : 107, Compilable To Co	,	
		ode Head. 0/405/01	
Forwarded to PCDA / CDA			
Torwarded to Tebri ebit	(Fill relevant station - see reverse)		
		Signature	of Issuing Officer
		J	J
	PART-II		
Treasury:	State Bank of India Receipt No	dated	20
	Reserve		
Received the sum of Rs	(Rupees		only)
	Signature and desi	onation of Officer-in-	Charge Treeser-
	SIVINIUE AND OEST		. HALDE LEEARITY

INSTRUCTIONS FOR MRO

Controller General Defence Accounts (CGDA) has nominated the following Army Principal Controllers of Defence Accounts (PCsDA)/Controllers of Defence Accounts (CsDA) for accounting the contribution made in their areas of jurisdiction.: -

S. No	Regional Centres	Polyclinics Under Jurisdiction of Regional Centres	Name to be Entered in MRO Army PCsDA CsDA
1	Jammu	Mandi, Yol (Dharamashala), Chamba, Janglot (Kathua), Jammu, Udhampur, Srinagar, Samba, Doda, Poonch, Baramulla, Leh, Rajouri	PCDA (NC) Jammu
2	Delhi	Delhi, Delhi (Lodhi), Jind, Sirsa, Narnaul, Sonipat, Panipat, Yamunanagar, Fatehbad, Kaithal, Kurukshetra, Bhiwani, Jhajjar, Rewari, Rohtak, Gurgaon, Hissar, Faridabad, Karnal, Ambala, NOIDA, Ghaziabad (Hindon)	PCDA (WC) Chandigarh
3	Chandimandir	Chandimandir, Gurdaspur, Chandigarh, Hoshiarpur, Jalandhar, Ludhiana, Ropar, Muktasar, Bhatinda, Amritsar, Sangrur, Fatehgarh, Faridkot, Firozpur, Kapurthala, Patiala, Moga, Mansa, Hamirpur, Bilaspur, Una, Shimla, Solan, Sriganganagar, Bikaner	PCDA (WC) Chandigarh
4	Jaipur	Jhunujhunu, Jodhpur, Jaipur, Kota, Barmer, Nagaur, Ajmer, Alwar, Bharatpur, Udaipur, Jaisalmer, Sikar, Churu, Pali, Sawai Madhopur	PCDA (SC) Pune
5	Pune	Ahmedabad, Vadodra, Jamnagar, Bhind, Bhopal, Gwalior, Sagar, Morena, Jhansi, Jalaun, Panaji, Satara, Kolhapur, Pune, Nagpur, Akola, Sholapur, Nasik (Deolali), Aurangabad, Ahmendnagar, Mumbai, Mumbai (Upnagar), Sangli, Ratnagiri, Sindudurg, Thane, Amaravati, Buldana, Jalgaon, Osmanabad, Alibagh, Latur	PCDA (SC) Pune
6	Lucknow	Meerut, Agra, Bareilly, Lucknow, Muzaffarnagar, Etawah, Fatehgarh, Kanpur, Mathura, Saharanpur, Shahjahanpur, Bulandshar, Etah, Mainpuri, Aligarh, Badaun, Firozabad, Kanpur Dehat, Raibareilly, Dehradun, Chamoli, Lansdowne, Pauri Garhwal, Almora, Nainital (Haldwani), Pithoragarh, Raiwala (Haridwar)	PCDA (CC) Lucknow
7	Kolkata	Krishnanagar, Darjeeling, Kolkatta, Bardwan, Bengdubi (Jalpaiguri), 24 Parganas (Barrackpore), Howrah, Midnapur, Gangtok,	CDA Patna
8	Patna	Bhojpur (Ara), Muzaffarpur, Danapur (Patna), Gaya, Chhapra, Dharbhanga, Ranchi, Singhbhum, Ganjam (Brahampur), Cuttack, Balasore	
9	Jabalpur	Indore (Mhow), Jabalpur, Ghazipur, Gorakhpur, Allahabad, Fatehpur, Pratapgarh, Rewa, Faizabad, Varanasi, Balia, Deoria, Azamagarh, Sultanpur	
10	Hyderabad	Guntur, Hyderabad, Visakhapatnam, Chittor, Ongole, Rangareddy, Krishna, East Godavari, West Godavari, Dharwad, Mysore, Karwar, Bangalore (Urbon), Bangalore (Yelahanka), Mangalore, Bijapur, Belgaum, Kodagu (Madikeri)	
11	Chennai	Vellore, Chennai, Tirunaveli, Coimbatore, Tirunamalai, Thiruvallur, Virudhanagar, Dindigul, Wellington, Madurai, Dharampuri, Kanchipuram, Salem, Tiruchi, Cuddalore, Kanyakumari, Nagapattinam, Tanjavur, Theni, Tuticorin, Villupuram, Port Blair	
12	Kochi	Trivandrum, Kannur, Palakkad, Kochi, Pathannamthitta, Kozicode, Allepy, Quilon, Trissur, Kottayam, Malapuram	
13	Guwahati	Kamrup (Guwahati), Johrat, Masimpur (Silchar), Shillong, Zakhama (Kohima), Mokokchung, Aizwal, Imphal, Agartala	CDA Guwahati

You are requested to insert the requisite data against "EX-SERVICEMEN CONTRIBUTORY	' HEALTH SCHEME(ECHS)"
and credit the amount as Defence Department receipt pertaining to the	and also insert in the
line – Forwarded to	

DPDO/BANKERS CERTIFICATE

Certified the following:

Date:

Ser No			
(a) (b)	Basic Pension 50% Dearness Pension		Rs
(c)	DA Total	-	Rs

PDA/Bank Manager/i/c DPDO

(With official stamp)