

(Applicable for **Gr-D Employees** who are not able to do online by himself/herself and online entry shall have to be done by the office of Head of Office)

**(As per order no. 48-F(MED)WB,Dated-26/03/2020)**

To

The ..... (Designation of HoO)

..... (Name of the Office)

..... (Office Address of HoO)

Sir/Madam,

I am submitting a prayer of fresh enrolment under West Bengal Health Scheme disclosing the information in the following table to incorporate at the time of online entry from your end.

Sl. No.	Particulars	Details
1	Are you drawing salary through HRMS (Tick one)	<input type="radio"/> Yes <input type="radio"/> No
2	Date of Entry into Government Service (XX/XX/XXXX)	
<b>Personal Information</b>		
3	HRMS ID of Employee	
4	GPF No. of Employee	
5	Name of district where Employee resides	
6	Date of birth of Employee(XX/XX/XXXX)	
7	First name of Employee (as per Service Book)	
8	Middle and Last name of Employee (as per Service Book)	
9	Gender/Sex of Employee	
10	Marital Status of Employee	
11	Permanent Address of Employee	
12	Mobile No. of Employee	
13	E-Mail address of Employee	
14	Residence Phone No.	
15	Select any one category of Identity proof of Employee(Tick one)	<input type="radio"/> Voter Card <input type="radio"/> PAN Card
16	Card No. of Identity proof	
17	Aadhaar No. of Employee	
18	Are you enrolled under WBHS-08? If yes, Date of enrolment (XX/XX/XXXX)	<input type="radio"/> Yes <input type="radio"/> No
19	Name of District where Employee is posted now	
<b>Office Details</b>		
20	Office Address of the Employee	
21	Service Cadre of Employee (A/B/C/D)	
22	Designation of Employee	

23	Pay Level of Employee	
24	Basic Salary of Employee	
25	Name of the District where DDO is located	
26	Name of the Treasury where DDO is linked	
27	DDO Code of the Office	
28	Select Office location type (Tick one)	<input type="radio"/> Department(Secretariat-HQ) <input type="radio"/> Directorate (Directorate-HQ) <input type="radio"/> Attached Office under Department <input type="radio"/> Attached Office under Directorate <input type="radio"/> Regional Office under Department <input type="radio"/> Regional Office under Directorate <input type="radio"/> Other office
29	Name of Department	
30	Name of Directorate	
31	Type of Attached Office (Tick one)	<input type="radio"/> Section <input type="radio"/> Group <input type="radio"/> Branch <input type="radio"/> Cell <input type="radio"/> Wing <input type="radio"/> Board <input type="radio"/> Others
32	Name of Attached Office	
<b>Beneficiary Details</b>		
33	Total no. of beneficiaries (Including Employee)	
34	Total Income of Employee (Rs.)	
	Blood group of Employee	
	Photo of Employee (Paste photo within the box at the right)	
	Signature of Employee (Sign within the box at the right)	
35	Name of Dependent Beneficiary-1	
	Date of Birth of Dependent Beneficiary-1	
	Relation of Dependent Beneficiary-1 with Employee	
	Monthly income of Dependent Beneficiary-1 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-1	
	Mobile No. of Dependent Beneficiary-1	
	E-Mail address of Dependent Beneficiary-1	
	Blood Group of Dependent Beneficiary-1	
Photo of Dependent Beneficiary-1(Paste photo within the box at the right)		

	Signature of Dependent Beneficiary-1(Sign within the box at the right)	
36	Name of Dependent Beneficiary-2	
	Date of Birth of Dependent Beneficiary-2	
	Relation of Dependent Beneficiary-2 with Employee	
	Monthly income of Dependent Beneficiary-2 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-2	
	Mobile No. of Dependent Beneficiary-2	
	E-Mail address of Dependent Beneficiary-2	
	Blood Group of Dependent Beneficiary-2	
	Photo of Dependent Beneficiary-2(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-2(Sign within the box at the right)	
37	Name of Dependent Beneficiary-3	
	Date of Birth of Dependent Beneficiary-3	
	Relation of Dependent Beneficiary-3 with Employee	
	Monthly income of Dependent Beneficiary-3 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-3	
	Mobile No. of Dependent Beneficiary-3	
	E-Mail address of Dependent Beneficiary-3	
	Blood Group of Dependent Beneficiary-3	
	Photo of Dependent Beneficiary-3(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-3(Sign within the box at the right)	
38	Name of Dependent Beneficiary-4	
	Date of Birth of Dependent Beneficiary-4	
	Relation of Dependent Beneficiary-4 with Employee	
	Monthly income of Dependent Beneficiary-4 (Rs.)	

	Aadhaar No. of Dependent Beneficiary-4	
	Mobile No. of Dependent Beneficiary-4	
	E-Mail address of Dependent Beneficiary-4	
	Blood Group of Dependent Beneficiary-4	
	Photo of Dependent Beneficiary-4(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-4(Sign within the box at the right)	
39	Name of Dependent Beneficiary-5	
	Date of Birth of Dependent Beneficiary-5	
	Relation of Dependent Beneficiary-5 with Employee	
	Monthly income of Dependent Beneficiary-5 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-5	
	Mobile No. of Dependent Beneficiary-5	
	E-Mail address of Dependent Beneficiary-5	
	Blood Group of Dependent Beneficiary-5	
	Photo of Dependent Beneficiary-5(Paste photo within the box at the right)	
Signature of Dependent Beneficiary-5(Sign within the box at the right)		
40	Name of Dependent Beneficiary-6	
	Date of Birth of Dependent Beneficiary-6	
	Relation of Dependent Beneficiary-6 with Employee	
	Monthly income of Dependent Beneficiary-6 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-6	
	Mobile No. of Dependent Beneficiary-6	
	E-Mail address of Dependent Beneficiary-6	
	Blood Group of Dependent Beneficiary-6	
	Photo of Dependent Beneficiary-6(Paste photo within the box at the right)	

	Signature of Dependent Beneficiary-6 (Sign within the box at the right)	
41	Name of Dependent Beneficiary-7	
	Date of Birth of Dependent Beneficiary-7	
	Relation of Dependent Beneficiary-7 with Employee	
	Monthly income of Dependent Beneficiary-7 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-7	
	Mobile No. of Dependent Beneficiary-7	
	E-Mail address of Dependent Beneficiary-7	
	Blood Group of Dependent Beneficiary-7	
	Photo of Dependent Beneficiary-7(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-7(Sign within the box at the right)	
42	Name of Dependent Beneficiary-8	
	Date of Birth of Dependent Beneficiary-8	
	Relation of Dependent Beneficiary-8 with Employee	
	Monthly income of Dependent Beneficiary-8 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-8	
	Mobile No. of Dependent Beneficiary-8	
	E-Mail address of Dependent Beneficiary-8	
	Blood Group of Dependent Beneficiary-8	
	Photo of Dependent Beneficiary-8(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-8(Sign within the box at the right)	
<b>Detail of Cadre Controlling Authority</b>		
43	Select Office location type (Tick one)	<input type="radio"/> Department(Secretariat-HQ) <input type="radio"/> Directorate (Directorate-HQ) <input type="radio"/> Attached Office under Department

		<input type="radio"/> Attached Office under Directorate <input type="radio"/> Regional Office under Department <input type="radio"/> Regional Office under Directorate <input type="radio"/> Other office
44	Name of Department	
45	Name of Directorate	
46	Type of Attached Office (Tick one)	<input type="radio"/> Section <input type="radio"/> Group <input type="radio"/> Branch <input type="radio"/> Cell <input type="radio"/> Wing <input type="radio"/> Board <input type="radio"/> Others
47	Name of Attached Office	
48	Group of Cadre Controlling Authority	
49	Designation of Cadre Controlling Authority	

Date:

Signature of Employee :

Name in Block letter :

Designation :

**Enclosures:**

1. 1(one) copy of instrument as mentioned in sl. no. 15, 17 and 18(if enrolled).
2. Report copy of blood group of all beneficiaries.
3. Proof of date of birth and/or aadhaar card (If aadhaar discloses) of all beneficiaries except employee.
4. Income declaration of dependents either from employer in case of employed dependents or self in other cases.
5. Any other instruments that require for eligibility of dependency.