

(Applicable for those who are not able to do online by himself/herself and online entry shall have to be done by the office of the Pension Sanctioning Authority)

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

To

The (Designation of PSA)

..... (Name of the Office)

..... (Office Address of PSA)

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 pension through Treasury (Tick one)	<input type="radio"/> Yes <input type="radio"/> No
2	Date of Birth of Superannuated Pensioner (XX/XX/XXXX)	
Personal Information		
3	PPO ID (Treasury Code + 7 digit numeral) of Superannuated Pensioner	
4	PPO No. of Superannuated Pensioner	
5	Name of district where Superannuated Pensioner resides	
6	Full name of Superannuated Pensioner (As per PPO)	
7	Date of Retirement of Superannuated Pensioner (XX/XX/XXXX)	
8	Gender/Sex of Superannuated Pensioner	
9	Permanent Address of Superannuated Pensioner	
10	Mobile No. of Superannuated Pensioner	
11	E-Mail address of Superannuated Pensioner	
12	Residence Phone No. of Superannuated Pensioner	
13	Select any one category of Identity proof of Superannuated Pensioner(Tick one)	<input type="radio"/> Voter Card <input type="radio"/> PAN Card
14	Card No. of Identity proof	
15	Aadhaar No. of Superannuated Pensioner	
16	Are you enrolled under WBHS-08? If yes, Date of enrolment (XX/XX/XXXX)	<input type="radio"/> Yes <input type="radio"/> No
17	Name of District where Employee posted last	
Last Office Details		
18	Last Office Address of Superannuated Pensioner	
19	Service Cadre of Superannuated Pensioner at the time retirement (A/B/C/D)	

For Superannuated Pensioner

20	Designation of Superannuated Pensioner at the time of retirement	
21	Basic Pay of Superannuated Pensioner at the time of retirement	
22	Basic Pension of Superannuated Pensioner	
23	Name of the District where DDO of Last Office of Superannuated Pensioner is located	
24	Name of the Treasury where DDO of Last Office of Superannuated Pensioner is linked	
25	DDO Code of Last Office	
26	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
27	Name of Department	
28	Name of Directorate	
29	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
30	Name of Attached Office	
Beneficiary Details		
31	Total no. of beneficiaries (Including Superannuated Pensioner)	
32	Total Income of Superannuated Pensioner (Rs.)	
	Blood group of Superannuated Pensioner	
	Photo of Superannuated Pensioner (Paste photo within the box at the right)	
	Signature of Superannuated Pensioner (Sign within the box at the right)	
33	Name of Dependent Beneficiary-1	
	Date of Birth of Dependent Beneficiary-1	
	Relation of Dependent Beneficiary-1 with Superannuated Pensioner	
	Monthly income of Dependent Beneficiary-1 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-1	
	Mobile No. of Dependent Beneficiary-1	

For Superannuated Pensioner

	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)	
34	Name of Dependent Beneficiary-2	
	Date of Birth of Dependent Beneficiary-2	
	Relation of Dependent Beneficiary-2 with Superannuated Pensioner	
	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)		
35	Name of Dependent Beneficiary-3	
	Date of Birth of Dependent Beneficiary-3	
	Relation of Dependent Beneficiary-3 with Superannuated Pensioner	
	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)		

For Superannuated Pensioner

	Signature of Dependent Beneficiary-3(Sign within the box at the right)	
36	Name of Dependent Beneficiary-4	
	Date of Birth of Dependent Beneficiary-4	
	Relation of Dependent Beneficiary-4 with Superannuated Pensioner	
	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)	
37	Name of Dependent Beneficiary-5	
	Date of Birth of Dependent Beneficiary-5	
	Relation of Dependent Beneficiary-5 with Superannuated Pensioner	
	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)	
Detail of Pension Sanctioning Authority		
38	Select Office location type (Tick one)	<input type="radio"/> Department(Secretariat-HQ) <input type="radio"/> Directorate (Directorate-HQ)

For Superannuated Pensioner

		<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
39	Name of Department	
40	Name of Directorate	
41	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
42	Name of Attached Office	
43	Group of Pension Sanctioning Authority	
44	Designation of Pension Sanctioning Authority	

Date: _____ Signature of Superannuated Pensioner : _____
Name in Block letter : _____
Last Designation Superannuated Pensioner : _____

Enclosures:

1. 1(one) copy of instrument as mentioned in sl. no. 13, 15 and 16 (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.