

(Applicable for **Other than Gr-D Employees**)

(Online entry in WBHS Portal is to be done by himself/herself)

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) | |
| Personal Information | | |
| 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 | |
| Office Details | | |
| 20 | Office Address of the Employee | |
| 21 | Service Cadre of Employee (A/B/C/D) | |
| 22 | Designation of Employee | |
| 23 | Pay Level of Employee | |

| | | |
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| 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 | |
| Beneficiary Details | | |
| 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) | | |

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| | 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 | |

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| | 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) | |

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| | 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) | |
| | Detail of Cadre Controlling Authority | |
| 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 |

| | | |
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| | | <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.