

PGEPHIS - DEPENDENT FORM

If you need help, or unable to complete this application form or enable to find DDO code please contact on toll free No." $\mathbf{104''}$ or read instructions on website www.pbhealth.gov.in



Sheet No.....

		Main Men	iber De	tails (F	Please ti	CK ⋈	applical	ole fiel	a)				
1) Name (In CAPITAL letters)													
(Inii	ial not allowed)												
				2) Mok	oile No.								
(please repeat mobile number)													
3) GPF PRAN PPO CPF No.													
Sr. No.	Sr. No. Dependent Details (Please tick ☑ applicable field)											Photograph	
1	Name of Dependent												
	Gender: Male	Female Relation Father Mother Spouse Son Daughter Other relation please specify										Paste Stamp Size Photo here	
	DOB/Age D D M M Y Y Y Y Y / Y Y Age Slab below 45yrs 45 to 65 yrs above 65yrs												
2	Name of Dependent												
	Gender: Male Female Relation Father Mother Spouse Son Daughter Other relation please specify									ecify	Paste Stamp Size Photo here		
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	Gender: Male	Female Relation Father Mother Spouse Son Daughter Other relation please specify						ecify	Stamp Size Photo here				
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	I hereby certify that	t information provi	ded abo	ve is tr	ue.								
Date: (Signature of Main Member)													
VERIFICATION OF DDO (on the basis of the certification of the main member above.)													
Name of the DDO: Designation:													
DDO Code:													
					_								
Name of Department:													
Other:_	(Please specify if D	DO Code is not availab	ole)										
Date:_	(1 loddo opcolly il 2		-/							(Si	ignat	ture with Seal)	
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Note: In case the more dependents, please attach additional sheet.