

PGEPHIS - MAIN MEMBER **ENROLLMENT FORM**



If you need help, or unable to complete this application form or enable to find DDO code

please contact on toll free No."104" or read instructions on website www.pbhealth.gov.in Instructions (1) Please fill the Form in Capital letters using Blue/Black Ball Point Pen Only. (2) All Fields are to be filled mandatorily. Main Member Details (Please tick ☑ applicable field) Current Status: (a) Serving Employee (b) Pensioner (c) Serving All India Service Officer (d) Retired All India Service Officer (e) From Deputation (f) Serving Judges of Punjab & Haryana High Court/Other Judicial Officers Please paste your unsigned (g) Retired Judges of Punjab & Haryana High Court/Other Judicial Officers recent color Photograph of size 4.5cm x 3.5 cm (Passport size) 1) Name (In CAPITAL letters) (Initial not allowed) *Please don't staple the Photograph 2) Father/Husband Name (In CAPITAL letters) (Initial not allowed) 3) Date of Birth/ Age (years) 4) Gender: Male **Female** 5) Marital Status Married Unmarried Widow Divorce 6) Mobile Number 7) Aadhar Number 8) Email Id 9) Spouse Name (In CAPITAL letters) (Initial not allowed) 10) Whether spouse in Govt. Job: No Yes 11) Mailing Address *Department/Office Details* (Please tick ☑ applicable field) 1) GPF PRAN PPO CPF No. 2) Name of Department (Where serving or from where retired) 3) Particulars of the Office where serving or retired 4) Place of Posting/Last place of posting from where retired 5) District 6 A) Grade Pay **Group A Group C Group B Group D** (Please tick ☑)

7) Date of Joining

Class II

Class III

Class IV

(GP > = 5400)

Class I

8) Date of Retirement

6 B) In case of Pensioner

(retiree before 01.01.1996)

Main Member Bank Account Details							
1) Bank Name (In CAPITAL letters)							
2) Branch Address (In CAPITAL letters)							
3) IFSC Code							
4) Account Number							
Total Numbers of Dependents							
AGE SLAB							
below 45 yrs (<45 yrs) 45 to 65 yrs (>=45 yrs to <=65 yrs) above 65 yrs (>65 yrs)							
No. No. No.							
Total Number of Dependents							
** Please attach PGEPHIS Dependent Form giving details of the dependants eligible to be covered as per Punjab Medical Attendant Rules.							
Undertaking/Declaration of Main Member I hereby certify that:							
I am not availing medical re-imbursement from any other source as a dependent.							
2. My spouse or any of my dependent family members declared by me in this Enrollment Form are not separately enrolled as a Main Member/ or dependents of any other Main Member under this Scheme or are not claiming medical re-imbursement from any other source.							
3. The information supplied by me in this Enrollment Form is factually correct, true, complete and accurate in all respects and no facts/information have been concealed/falsified/misrepresented by me.							
4. I also authorize Insurance Company/ TPA to send me SMS Alerts on my Enrollment Status / Pre- authorization Status/ Claims status/ Scheme related information on my mobile phone number listed by me in this Form.							
5. "I have no objection to the UIDAI sharing information provided by me to UIDAI in Aadhaar with agencies in delivery of welfare services."							
Date : Signature							
	М	lobile No.			eat mobile Number		
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:	DO Code is not available)						
(Please specify if D)U Gode is not available)						
Date:				(S	ignature with	Seal)	