



# PGEPHIS - APPLICANT ENROLLMENT FORM FOR FAMILY PENSION



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.

### Applicant Details (Please tick applicable field)

Current Status:

(a) Family Pension <input checked="" type="checkbox"/>	(b) Extra Ordinary Pension <input checked="" type="checkbox"/>
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### Applicant Particulars

1) Name of Applicant (In CAPITAL letters) (Initial not allowed)

2) Father/Husband Name (In CAPITAL letters) (Initial not allowed)

3) Date of Birth/ Age 

D	D	M	M	Y	Y	Y	Y
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 / 

Y	Y
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 (years)

4) Gender: Male  Female  5) Marital Status 

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Married	Unmarried	Widow	Divorce

6) Mobile Number

7) Aadhar Number

8) Email Id

9) Mailing Address

Please paste your unsigned recent color Photograph of size 4.5cm x 3.5 cm (Passport size)

\*Please don't staple the Photograph

### Details of Deceased/Department/Office details (Please tick applicable field)

1) Name of Deceased (On whose behalf application is made)  (In CAPITAL letters)

2) Relationship with Applicant: 

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Husband	Wife	Father	Mother	Son	Daughter	Other please specify	

3) PPO No.

4) Name of Department (Where deceased was serving or from where retired)

5) Particulars of the Office where deceased was serving or retired

6) Place of Posting/Last place of posting from where deceased was serving or retired

7) District

8 A) Grade Pay (Please tick ) 

Group A <input checked="" type="checkbox"/> (GP >= 5400)	Group B <input checked="" type="checkbox"/>	Group C <input checked="" type="checkbox"/>	Group D <input checked="" type="checkbox"/>
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8 B) In case of Deceased (Death before 01.01.1996) 

Class I <input checked="" type="checkbox"/>	Class II <input checked="" type="checkbox"/>	Class III <input checked="" type="checkbox"/>	Class IV <input checked="" type="checkbox"/>
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9) Date of Joining of Deceased 

D	D	M	M	Y	Y	Y	Y
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10) Date of Death 

D	D	M	M	Y	Y	Y	Y
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### Applicant Bank Account Details

1) **Bank Name**  
(In CAPITAL letters)


2) **Branch Address**  
(In CAPITAL letters)


3) **IFSC Code**

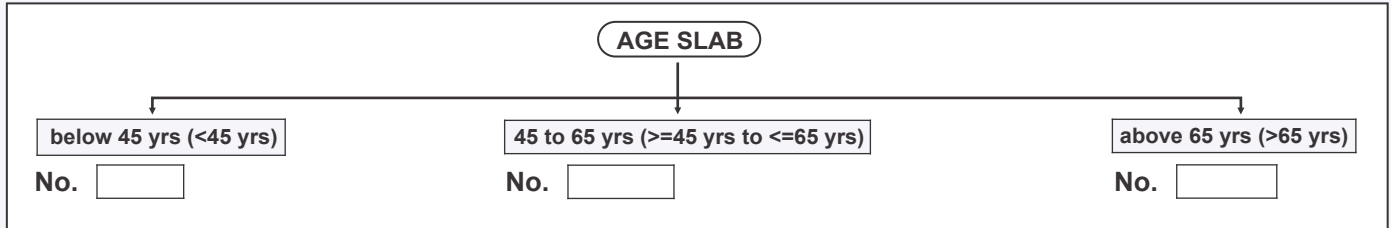
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4) **Account Number**

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### Total Numbers of Dependents on Applicant

#### AGE SLAB



**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 Applicant

I hereby certify that :

1. I am not availing medical re-imbursment from any other source as a dependent.
2. 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-imbursment 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 \_\_\_\_\_

**Mobile No.**

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*(please repeat mobile Number)*

### VERIFICATION OF DDO (on the basis of the certification of the Applicant above.)

Name of the DDO: \_\_\_\_\_

Designation: \_\_\_\_\_

DDO Code: 

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Name of Department: \_\_\_\_\_

Other: \_\_\_\_\_

*(Please specify if DDO Code is not available)*

Date: \_\_\_\_\_

(Signature with Seal)