

**APPLICATION FORM FOR MEMBERSHIP (REV 2010)**  
(PLEASE FILL IN CAPITALS & IN BLUE INK)

Application Regn No.	
Place of Submission	
Category	( <input checked="" type="checkbox"/> ) (a) Officer (b) JCO & Equivalent (c) OR & Equivalent

To be filled by Stn HQ/Record Office

Applicant's Recent Colour Passport size Photograph in Civil Dress (Red Background)

**PART I - PARTICULARS OF PENSIONER**

APPLICATION FOR () Pensioner  Family Pensioner  Future Retiree

SERVICE () Army  Navy  Air Force  CG  DSC  SFF

Signature of Applicant (black ink)

1. Service No  (With prefix and suffix)      2. Rank  (Abbreviated as per General Instructions)

3. (a) Name of Ex-Serviceman (Maximum 32 characters including spaces)

(i) Regt/Corps/Ship/Base/Unit:       (ii) Gender () Male  Female   
 (iii) Citizenship () Indian  NDG       (iv) Marital Status: () Married/Unmarried/Divorced/Widow/Widower  
 (v) Employed () Yes  No       (vi) Monthly Income:

(b) Name of family Pensioner (if applicable)	<input type="text"/>
(i) Gender ( <input checked="" type="checkbox"/> ) Male <input type="checkbox"/> Female <input type="checkbox"/>	(ii) Category ( <input checked="" type="checkbox"/> ) Officer/JCO & Equivalent/OR & Equivalent
(iii) Employed ( <input checked="" type="checkbox"/> ) Yes <input type="checkbox"/> No <input type="checkbox"/>	(iv) Citizenship ( <input checked="" type="checkbox"/> ) Indian <input type="checkbox"/> NDG <input type="checkbox"/>
(c) Relationship with ESM ( <input checked="" type="checkbox"/> ) Spouse/ Son/ Daughter/ Father/ Mother	(v) Monthly income <input type="text"/>
(d) Date of Demise of Pensioner <input type="text"/>	(DD-MM-YYYY)
(e) UID No <input type="text"/>	(f) PAN No: <input type="text"/>

For family Pensioner only

4. Date of Birth of Applicant Primary Member  (DD-MM-YYYY)  
 5. Date of Commission/ Enrollment  (DD-MM-YYYY)  
 6. Date of Retirement/ Discharge  (DD-MM-YYYY)

7. Parent Polyclinic   
 8. Residential Address   
 Tehsil  Dist   
 State  Pin

9. Contact details  
 (a) Telephone No (With STD code)   
 (b) Mob No   
 (c) E-Mail ID :-

10. Type of Pension () Normal  Disability  Family

11. Pension Payment Order No (PPO No) (attach photo copy)

12. Name & Address of Banker/Treasury from where pension drawn

13. Pension Bank Account Number

14. Record Office

15. Drug Allergy (if any)

16. Blood Group  Physical Disability () Yes  No

(Optional) (Tick one as applicable) War Disability/Battle Casualty Disability () Yes  No

Signature and stamp of authorising Officer of Station Headquarters/ Record Office.

Speciman signature/Left Thumb Impression



PART-II PARTICULARS OF DEPENDANTS

Name of CHILD  (Maximum 20 Characters including space)

Citizenship (✓)  Indian  NDG

Date of Birth  (DD-MM-YYYY)

Relationship (with Ex-Serviceman)  Employed (✓)  Yes  No

Marital Status (✓)  Married  Unmarried  Widow  Divorced   
(For daughter only- if applicable)

Parent Polyclinic (if not same as pensioner/ Family pension)

Permanent Disability (✓)  Yes  No  Blood Group

Name Mentioned in Service/Discharge Book (✓)  Yes  No  Part II Order Published and Copy/ Proof attached (✓)  Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Drug Allergy (if any)

Residential Address (if not same as pensioner/ Family pension)

Tehsil	Dist
State	Pin

Contact details (a) Tele No (With STD code)  Mob

(b) E-Mail ID :-

Optional

Affix Recent Colour Passport size Photo of CHILD of Pensioner (Red Background)

Name of CHILD  (Maximum 20 Characters including space)

Citizenship (✓)  Indian  NDG

Date of Birth  (DD-MM-YYYY)

Relationship (with Ex-Serviceman)  Employed (✓)  Yes  No

Marital Status (✓)  Married  Unmarried  Widow  Divorced   
(For daughter only- if applicable)

Parent Polyclinic (if not same as pensioner/ Family pension)

Permanent Disability (✓)  Yes  No  Blood Group

Name mentioned in Service/ Discharge Book (✓)  Yes  No  Part II Order Published and Copy/ Proof attached (✓)  Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Drug Allergy (if any)

Residential Address (if not same as pensioner/ Family pension)

Tehsil	Dist
State	Pin

Contact details (a) Tele No (With STD code)  Mob

(b) E-Mail ID :-

Optional

Affix Recent Colour Passport size Photo of CHILD of Pensioner (Red Background)

Name of CHILD  (Maximum 20 Characters including space)

Citizenship (✓)  Indian  NDG

Date of Birth  (DD-MM-YYYY)

Relationship (with Ex-Serviceman)  Employed (✓)  Yes  No

Marital Status (✓)  Married  Unmarried  Widow  Divorced   
(For daughter only- if applicable)

Parent Polyclinic (if not same as pensioner/ Family pension)

Permanent Disability (✓)  Yes  No  Blood Group

Name mentioned in Service/ Discharge Book (✓)  Yes  No  Part II Order Published and Copy/ Proof attached (✓)  Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Drug Allergy (if any)

Residential Address (if not same as pensioner/ Family pension)

Tehsil	Dist
State	Pin

Contact details (a) Tele No (With STD code)  Mob

(b) E-Mail ID :-

Optional

Affix Recent Colour Passport size Photo of CHILD of Pensioner (White Background)

Note : 1. In case of more than three children the ESM to photocopy this page. 2. In case of child mentally/physically challenged, necessary certificate to be attached. 3. Attach relevant Medical document of Drug Allergy (if any) and Blood Group.





**ABBREVIATED RANKS****OFFICERS**

ARMY	Abbreviation	NAVY	Abbreviation	AIR FORCE	Abbreviation	Indian Coast Guard	Abbreviation
General	Gen	Admiral	Adm	Air Chief Marshal	ACM	-	-
Lieutenant General	Lt Gen	Vice Admiral/ Surg Vice Admiral	V Adm/ Surg V Adm	Air Marshal	Air Mshl	Director General	DG
Major General	Maj Gen	Rear Admiral/ Surg Rear Admiral	R Adm/ Surg R Adm	Air Vice Marshal	AVM	Inspector General	IG
Brigadier	Brig	Commodore/ Surg Commodore	Cmde/ Surg Cmde	Air Commodore	Air Cmde	Dy Inspector	DIG
Colonel	Col	Captain/ Surg Captain	Capt (IN)/ Surg Capt	Group Captain	Gp Capt	Commandant	Comdt
Lieutenant Colonel	Lt Col	Commander/ Surg Commander	Cdr/ Surg Cdr	Wing Commander	Wg Cdr	Commandant (JG)	Comdt (JG)
Major	Maj	Lt Commander/ Surg Lt Commander	Lt Cdr/ Surg Lt Cdr	Squadron Leader	Sqn Ldr	Dy Commandant	Dy Comdt
Captain	Capt	Lt/ Surg Lt	Lt (IN)/ Surg Lt	Flight Lieutenant	Flt Lt	Asst Commandant	Asst Comdt
Lieutenant	Lt	Sub Lt/ Surg Sub Lt	S Lt/ Surg S Lt	Flying Officer	Fg Offr	-	-
Gentleman Cadet	GC	Cadet	Cdt	Flight Cadet	Flt Cdt	-	-

**PBOR**

ARMY	Abbreviation	NAVY	Abbreviation	AIR FORCE	Abbreviation	Indian Coast Guard	Abbreviation
Honorary Captain	Hony Capt	Honorary Lieutenant	Hony Lt (IN)	Honorary Flight Lieutenant	Hony Flt Lt	-	-
Honorary Lieutenant	Hony Lt	Honorary Sub Lieutenant	Hony Sub Lt (IN)	Honorary Flying Officer	Hony Fg Offr	-	-
Subedar Major or Risaldar Major	Sub Maj or Ris Maj	Master Chief Petty Officer 1	MCPO 1	Master Warrant Officer	MWO	Pradhan Adhikari or Pradhan Sahayak Engineer	P/Adh or PSE
Hony Sub Maj or Hony Ris Maj	Hony Sub Maj or Hony Ris Maj	-	-	-	-	-	-
Subedar or Risaldar	Sub or Ris	Master Chief Petty Officer 2	MCPO 2	Warrant Officer	WO	Uttam Adhikari, or Uttam Sahayak Engineer	U/Adh or USE
Hony Subedar or Hony Risaldar	Hony Sub or Hony Ris	-	-	-	-	-	-
Naib Subedar or Naib Risaldar	Nb Sub or Nb Ris	Chief Petty Officer	CPO	Junior Warrant Officer/Flight Sergeant	JWO/Flt Sgt	Adhikari, or Sahayak Engineer or Pradhan Yantrik	Adh or SE or P/Ytk
Hony Naib Sub or Hony Naib Risaldar	Hony Nb Sub or Hony Nb Ris	-	-	-	-	-	-
Havildar or Dafedar	Hav or Dfr	Petty Officer	PO	Sergeant	Sgt	Pradhan Navik or Uttam Yantrik or Yantrik	P/Nvk or U/Ntk or Ytk
Honorary Havildar or Hony Dafedar	Hony Hav or Hony Dfr	-	-	-	-	-	-
Naik or Lance Dafedar	Nk or LD	Leading	Ldg	Corporal	Cpl	Uttam Navik	U/Nvk
Lance Naik or Asst Lance Dafedar	LNK or ALD	Seaman I	Sea I	Leading Air Craftsman	LAC	Navik or Enrolled Follower	Nvk or E/F
Sepoy (Rtn, Gdsm, Swr, Spr, Sigmn, Cfn, Gnr)	Sep	Seaman II	Sea II	Air Craftsman	AC	-	-
Recruit	Rect	Recruit	Rect	Recruit	Rect	-	-

**GENERAL INSTRUCTIONS****1. Eligibility**

- (a) Should be an Ex-Serviceman and drawing pension/disability pension/family pension from **Controller of Defence Accounts** including Indian Coast Guard personnel.
- (b) War Widows (Veer Naris) / NOK of Battle casualties.
- (c) Personnel disabled in Operations.
- (d) Recruits medically boarded out during training and in receipt of disability pension.

**Notes :**

- (i) Ex-Servicemen not drawing pension are NOT eligible.
- (ii) To take benefits of ECHS you **CAN NOT** be drawing benefits of any other Government medical Scheme.

**2. Dependents.**

- (a) Spouse including legally more than one spouse.
- (b) Unemployed Son(s) up to 25 years of age.
- (c) Unemployed/unmarried Daughter (s) including widow / legally divorced irrespective of age.
- (d) Physically/ Mentally handicapped child for life (Central Organisation letter B/49764/AG/ECHS dated 15 Feb 05 is relevant for details).
- (e) Wholly dependant Parents whose combined monthly income from all source does not exceed Rs 3500/- pm and are generally residing with the member.
- (f) Parents of deceased soldier can be eligible, subject to meeting dependency criteria.
- (g) If both husband and wife are Defence Personnel, parents of both members are eligible if both pay subscription, subject to meeting dependency criteria.

- Notes :** (i) Widow after remarriage in receipt of family pension is eligible for ECHS membership alongwith her children from first marriage. However, her present Husband and children born later are not entitled.
- (ii) Grandparents/Grand children are not entitled.
- (iii) Part II Orders endorsement by service Headquarters/respective Records for marriage/children born after retirement.

**3. ECHS Contribution.****(a) Ex-Servicemen Retired Prior to 01 Apr 03.**

- (i) Should deposit one time ECHS contribution in Govt treasury/Nationalised bank through MRO as per rates of subscription.
- (ii) Four copies of MRO in Original to be prepared.

**(b) X Ex-Servicemen Retired/Retiring After 01 Apr 03.** Subscription is being deducted directly by CDA (P) and reflected in PPO.*NA for CG Pensioners.*

- (c) Rates of one time ECHS Subscription have been revised wef 01 Jun 2009. All Coast Guard personnel who apply for membership on and after 01 Jun 2009, are required to pay contribution through MRO in favour of PCDA(WC) Chandigarh. Revised rates are as follows:

SL.NO.	Grade Pay drawn at the time of retirement	Contribution
(a)	Rs. 1800/- Rs. 1900/-, Rs.2000/-, Rs. 2400/- and Rs. 2800/- per month	Rs. 15,000.00
(b)	Rs. 4200/-	Rs. 27,000.00
(c)	Rs. 4600/-, Rs. 4800/-, Rs.5400/- and Rs. 6600/- per month	Rs. 39,000.00
(d)	Rs. 7600/- and above per month	Rs. 60,000.00

**Notes :-  
ECHS**

- (i) War Disabled Pensioners/War Widows/NOK of Battle Casualties are exempted from paying subscription.
- (ii) Fixed medical Allowance (Rs .100/-) will be stopped from date of ECHS membership.
- (iii) All pensioners who have retired prior to 01 Jan 1996 are exempted contribution.

**Smart Cards**

- (a) One card per beneficiary will be issued wef 01 Jun 2010.
- (b) White Card for disabled beneficiary as per eligibility.
- (c) War disabled veterans will be provided with white card.
- (d) Demand draft @ Rs 135/-per card drawn in favour of :-
  - (i) **Submission After Retirement**. Regional Centre ECHS in whose jurisdiction the application is being submitted.
  - (ii) **Submission Before Retirement**. For Officers Regional Centre ECHS, Delhi Cantt and for PBOR in favour Regional Centre ECHS with which the Record Office of the pensioner is affiliated. List of Affiliation is at page 10.

**Filing & Submission of Forms****(a) Membership After Retirement**

- (i) Collect form from nearest Stn HQ, Polyclinic or download from internet (Website : [www.indianarmy.nic.in](http://www.indianarmy.nic.in)).
- (ii) Prepare affidavit on Rs. 10/- Non- judicial stamp as per specimen given at Page 11.
- (iii) **Attach bankers certificate/DPDO certificate showing details of pension being drawn, MRO (2 Copies), PPO copy, dependency certificate, proof of identity and demand draft for cards.**
- (iv) Carry service/discharge book in original for verification.

**(b) Membership Before Retirement (future Retiree.)**

- (i) Form to be collected and filled alongwith pension documents.
- (ii) Copy of PPO, Bankers Certificate & MRO are NOT required.
- (iii) Submit completed Application Form alongwith affidavit as follows:
  - (aa) Army Headquarters/AG's Branch MP 5/6 for **Non-AMC-Army Officers.**
  - (ab) Army Headquarters/AG's Branch MPRS(0) – for **AMC, ADC & MNS Officers.**
  - (ac) Concerned Records Office (refer Page 10) – for all **JCOs or OR of the Army Including DSC Personnel.**
  - (ad) Naval Headquarters/Director of Personnel (DOP) – for **Naval Officers.**
  - (ae) Commodore Bureau of Sailors (CABs), Mumbai - for **Naval PBOR.**
  - (af) Air Headquarter/DPP & R, through last posted unit - for **Air Force Officers.**
  - (ag) Air Force Records Office (AFRO), Delhi Cantt - for **Air Forces PBOR.**
  - (ah) Coast Guard Headquarters - for **Officer and PBOR.**

**(c) Retirement at Short Notice**

ECHS Membership Application Form is generally required to be submitted to concerned Record Office 5-6 months prior to the date of retirement. However, in case of an Officer/PBOR proceeding on retirement at short notice, he/she is permitted to submit his/her ECHS Membership Application Form to concerned Record Office any time prior to the date of retirement or Even after retirement if he/she is not possession of PPO. ECHS Membership Application Form can only be submitted at nearest Stn/HQ Regional Centre by a pensioner if it is supported by PPO and all other mandatory documents.

Deduction of contribution by the CDA is no guarantee for grant of membership. Issue of Smart Card after verification documents at ' Regional Centre/ respective Records will be considered as acceptance of membership'.

- Notes:
- (i) Drug Allergy, Blood Group No Detail are optional
  - (ii) Smart Card will be dispatched to the Station HQ nearest to the residential address.
  - (iii) pre 1986 retirees need not deposit copy of ppo. Discharge Book/pension Book giving name of spouse and bankers certificate to be submitted with application

### MUST KNOW POINTS

1. Smart Card will be issued on production of original receipt of application Form.
2. Validity of receipt is for 60 days only. In case of non receipt of Smart Card validity can be further extended upto 90 days extension by the Stn HQ. Regional Centre can accord or arrng further extension till receipt of card on case to case basis.
3. The member and bonafide dependants should activate upgraded Smart card at any Polyclinics preferably at parent Polyclinic on receipt by giving thumb impression at the earliest.
4. Any false declaration/misuse of benefits will entail cancellation of membership. Central Organisation, ECHS will be the final authority for cancellation of membership
5. Ensure safe custody of Smart Card. Do not put in a polythene jacket
6. To avail treatment facilities, the ECHS member or his /her dependent is required to go to ECHS Polyclinics with the membership Card.
7. In case further treatment or investigations are required ,the polyclinics doctors will refer the patient to Service Hospital/Lab/Dental Centre or Empanelled civil facility.
8. In Military Stations patients will be referred to service Hospital only. Referrals to empanelled civil medical facilities will only be provided if Service Hospital do not have capacity
9. A list of Empanelled Hospital/Nursing Home(s), Diagnostics Centre and Dental Clinics/Centers will be available in the polyclinics for the guidance of patients. The patient will be required to report to the empanelled facility of his choice along with his ECHS membership card and referral form from ECHS Policlinic. On Completion of treatment/diagnostics procedure, he/she is not required to make any Payment, bill will be cleared by ECHS.
10. In an emergency situation, the ECHS member may not be able to follow the normal referral procedure. He can report to the nearest/most convenient Hospital, preferably a service Hospital or an Empanelled Hospital. In Such cases ,no payment is required to be made and the bill of empanelled Hospital will be cleared by ECHS. In case a member goes to a non-empanelled hospital he/she has to pay the bill and submit a claim for reimbursement to the ECHS Polyclinics subsequently. In all cases of emergency admission, the nearest **ECHS Polyclinics must be informed within 48 hrs. of admission.** The reimbursement will be limited to approved CGHS rates
11. In case of any incorrect entry in the Smart Card .It should be brought to the notice of the issuing authority within 07 days from the receipt of Card. If brought out later Card will not be replaced free of cost.
12. In case any complaint /difficulty in availing medical facilities at ECHS Polyclinics, please liaise/refer your correspondence (brief and to the point) to the Stn HQ in whose jurisdiction the Polyclinic is functioning.
13. **On receipt please activate your card as soon as possible preferably at parent polyclinic.**

11. Some important DO's & DON'Ts for availing treatment are as tabulated below:

DO'S	DON'T'S
<ul style="list-style-type: none"> <li>➤ DO CARRY YOUR REGISTRATION SLIP AND IDENTIFICATION DOCUMENTS/SMART CARD WHEN VISITING ECHS CLINICS</li> <li>➤ DO AVAIL ALL DIAGNOSTICS AND THERAPEUTIC FACILITIES IN THE POLYCLINICS .</li> <li>➤ DO EXERCISE YOUR OPTION OF BEING REFERRED TO EMPANELLED FACILITY OF YOUR STATION BUT ONLY WHEN REFERRAL IS ADVISED BY POLYCLINICS .</li> <li>➤ DO CARRY YOUR REFERRAL FORM AND SMART CARD. ECHS REGISTRATION SLIP TO THE EMPANELLED FACILITY.</li> <li>➤ DO TRY TO CHOOSE A SERVICE. EMPANELLED HOSPITAL IN AN EMERGENCY. YOU WON'T HAVE TO PAY.</li> <li>➤ DO INFORM YOUR POLICLINIC WITHIN 48 HRS WHEN ADMITTED DIRECTLY TO EMPANELLED OR NON-EMPANELLED HOSPITAL IN AN EMERGENCY</li> <li>➤ DO FOLLOW SOME TIME TO THE POLICLINIC TO PROCURE SUPER SPECIALTY DRUGS PRESCRIBED FOR YOU, IF NOT READILY AVAILABLE</li> </ul>	<ul style="list-style-type: none"> <li>➤ DO NOT PAY BILLS IN EMPANELLED HOSPITALS-ECHS WILL CLEAR YOUR BILLS</li> <li>➤ DO NOT INSIST FOR REFERRAL FOR FACILITIES AVAILABLE IN THE POLICLINIC. IT IS NOT AUTHORIZED.</li> <li>➤ DO NOT INSIST ON PARTICULAR BRAND NAME OF DRUG FROM POLYCLINIC. YOU MAY BE ISSUED DIFFERENT BRAND BUT WITH SAME PHARMACOLOGICAL COMPOSITION.</li> <li>➤ DO NOT PURCHASE DRUGS YOURSELF AND ASK FOR REIMBURSEMENT. IT IS NOT AUTHORIZED</li> <li>➤ DO NOT ACCEPT SUB-STANDARD TREATMENT AT EMPANELLED HOSPITAL-REPORT TO YOU POLICLINIC.</li> </ul>

**AFFILIATION OF SERVICE HQS & RECORDS OFFICERS  
WITH ECHS REGIONAL CENTRES**

**Regional Centres**

**Affiliated Section at Service HQs & Records office**

Delhi Cantt for (AFRO) - RIFLES.	Army HQs/AG's Branch MP 5/6 and MPRS (O) - for Army officers ; Naval headquarters. DOP – Naval Officers; Air Headquarters/ DPP & R - for Air force Officers; Air Force Records office for all Air Force PBOR;CGHQ-For Coast Guard officers /PBOR and RAJPUTANA
Pune	Armoured Corps; Regiment of Artillery; Army Air Defence; Mechanised Infantry; Bombay Engineer Group (BEG), BRIGADE OF guards; Intelligence Corps; Army Physical Training Corps (APTC), Army Postal Service (APS).
Patna	PUNJAB Regiment; SIKH Regiment; BIHAR Regiment; 3 & 9 GORKHA RIFLES; Army Service Corps (AT).
Lucknow	Bengal Engineer Group (BEG) Regiment; RAJPUT Regiment; JAT Regiment; SIKH Light Infantry Regiment; GARHWAL RIFLES; KUMAON Regiment; 11 GORKHA RIFLES; Army Medical Corps (AMC); Remount & Veterinary Corps (RVC).
Hyderabad	MARATHA Light Infantry; Army Ordnance Corps (AOC), Electronic and Mechanical Engineers (EME).
Jabalpur	Corps of Signals; GRENADIER Regiment; MAHAR Regiment; Jammu & Kashmir Rifles (JAK RIF);Army Education Corps (AEC), DOGRA Regiment.
Jammu	Jammu & Kashmir Light Infantry (JAK LI); LADAKH SCOUTS.
Guwahati	ASSAM Regiment; 5 & 8 GORKHA RIFLES.
Chandimandir	1 & 4 GORKHA RIFLES.
Chennai	Madras Engineers Group (MEG); PARACHUTE Regiment; MADRAS Regiment; Army Service Corps (South); Corps of Military Police (CMP); Pioneer Corps.
Kochi	CABS, Mumbai- for all Navy PBOR; Defence Security Corps (DSC).

## ***SAMPLE FOR AFFIDAVIT***

AFFIDAVIT ON RS. 10/- NON JUDICIAL STAMP PAPER AND TO BE ATTESTED BY  
MAGISTRATE/NOTARY PUBLIC DECLARATION  
**DECLARATION**

*I, Service No. .... Rank ..... Name .....*

of unit **Indian Coast Guard** solemnly affirm and declare as follows :-

**or**

I, ..... Wife/father/mother/daughter/son of Service No.....

Rank..... Name.....of (Unit) .....

solemnly affirm and declare as follows

1. Than I am/will be drawing pension vide PCDA Pension Payment Order No. .... dated .....

2. That I have the following legal dependent(s) whose photographs(s) is/are affixed below on this Affidavit :-

Name : Photo

Date of Birth :

Relationship :

Identification Mark :

Name : Photo

Date of Birth :

Relationship :

Identification Mark: .

Name : Photo

Date of Birth :

Relationship :

Identification Mark :

**(Photograph(s) to be pasted and signed by the applicant)**

3. (a) That the combined monthly income (from all sources including income accruing from house/other immovable property /fixed deposit etc) of my dependent father and /or dependent mother is less than Rs. 3500/-.  
  
(b) That it is hereby certified that my parents (father/mother or both) do not draw any pension from Central Govt/State Govt/PSUs/ any Private Organisation and are physically residing with me.
4. That my child/children is/are dependent on me and is /are NOT earning more than Rs. 3500/- per month & that my daughter(s) is /are NOT married.
5. I shall inform the ECHS immediately of his /her/their employment of earning more than Rs. 3500/- P.M.
6. That in case of any change in the status of my dependents (due to death, marriage, employment), I will inform Station Headquarters, ECHS Cell at the earliest and will stop use of ECHS facilities. I will refund, in full, the cost of any treatment that my dependent may have received after he/she become ineligible. I shall be liable for civil/criminal action should I fail to do so.
7. (a) That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking. I will immediately inform Stn HQ if I am re-employed in the Army/Coast Guard and I am aware that my membership will remain suspended during reemployment.  
(b) That my spouse is NOT a member of CGHS or any other Govt Scheme.
8. I understand that in case I have submitted any incorrect information, or if any ECHS Membership Card is misused or used by any unauthorized person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorized person(s). I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorized person(s) I will also be liable for legal action by the ECHS Organisation. I will also immediately report the loss of my ECHS membership card to the nearest Station Headquarters.
9. That in case of any misuse of Smart Card(s) or tampering with bills or attempt to defraud, once I became a member, I will forfeit my membership automatically.
10. I undertake that in case of any misbehavior, on my part with Polyclinic staff, my membership may be suspended/cancelled/terminated.
11. I understand that the contribution I am making is a one time token amount and is not refundable even if I do not make use of any ECHS facility or opt out of ECHS Scheme.

Signature of Deponent

**VERIFICATION**

I, the deponent above named, do hereby solemnly declare and verify that contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed there from . Verified at(place) ..... On this (date) ..... Day of month) .....Year.....

Signature of deponent

**ATTESTATION**

Certified that the above statement is declared before me at (Place) .....on this .....day of (Month) ..... Year ..... by DEPONENT Name..... Service No..... Rank..... Who is identified by Name ..... S/o .....and witnessed by Name..... S/o..... And Name..... S/o .....

**WITNESS**

Signature of Witness No. 1

Signature of Witness No.2

(Name in Block Capitals)  
(Full postal address)

(Name in Block Capitals)  
Full postal address)

**ATTESTED BY MAGISTRATE/NOTARY PUBLIC**

Original/Duplicate/Triplicate/Quadruplicate

In lieu of IAFF (A) 507

**MILITARY RECEIVABLE ORDER****STATION**

MRO No. \_\_\_\_\_

To ,

The Officer-in-Charge of

The Treasury

The State Bank / Reserve Bank of India

Please receive from No. \_\_\_\_\_ Rank : \_\_\_\_\_ Name: \_\_\_\_\_  
 or order, the sum of Rupees \_\_\_\_\_ on

account of “ **EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)**”  
 and credit the amount as Defence Department receipt pertaining to the  
**PCDA (WC) CHANDIGARH**

MAJOR HEAD : 0076, MINOR HEAD: 107, Compliant to Code Head. 0/405/01

Forwarded to **PCDA(WC) CHANDIGARH**  
**(Code No: 4013000004)**

Signature of Pensioner/Issuing Authority

**PART –II**

\_\_\_\_\_ Treasury : SBI / Reserve Bank of India Receipt No. \_\_\_\_\_

dated \_\_\_\_\_ Received the sum of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_ only)

BSR Code	DD MM YY	Serial No.	
Bank Seal			

Signature and designation of  
 Officer-in-Charge Treasury

**INSTRUCTION FOR MRO PAYMENT AND LIST OF POLYCLINIC**

<b><u>Sl. No.</u></b>	<b><u>Regional Centre</u></b>	<b><u>Polyclinic under Jurisdiction of Regional Centres</u></b>
01.	Jammu	Mandi, Yol, Janglot(Kathua), Jammu, Udampur, Srinagar, Samba, Baramulla, Leh, Rajouri, Pathankot, Bakhloh
02.	Delhi	Delhi Cantt, New Delhi(Lodhi Road), Sonipat, Panipat, Yamunanagar, Kaithal, Kurukshetra, Gurgaon, Faridabad, Kamal, Ambala, NOIDA, Ghaziabad (Hindon)
03.	Chandimandir	Chandimandir, Gurdaspur, Chandigarh, Hoshiarpur, Jalandhar Ludhiana, Ropar, Amritsar, Sangrur, Fatehgarh Sahib, Faridkot, Ferozepur, Kapurthala, Patiala, Moga, Hamirpur, Bilaspur, Una, Shimla, Solan
04.	Jaipur	Jhunjhunu, Jaipur, Kota, Nagaur, Alwar, Bharatpur, Sikar, Hindaun City, Churu, Bikaner, Sriganganagar, Bhatinda, Mansa, Muktsar, Fatehabad, Sirsa, Hisar, Jind, Bhiwani, Rohtak, Jhajjar, Rewari, Narnaul
05.	Pune	Ahmedabad, Vadodra, Jamnagar, Bhind, Bhopal, Gwalior, Sagar, Morena, Jhansi, Orai, Pahaji, Satara, Kolhapur, Pune, Nagpur, Akola, Sholapur, Deolali, Aurangabad, Ahmednagar, Mumbai(Navy), Mumbai(upnagar), Miraj(Sangli), Chiplun, Sindudurg, Thane, Amaravati, Buldana, Jalgaon, Osmanabad, Mahad, Larur, Barmer, Jaisalmer, Jodhpur, Pali, Udaipur, Ajmer
06.	Lucknow	Meerut, Agra, Bareilly, Lucknow, Muzaffarnagar, Etawah, Fatehgarh, Kanpur, Mathura, Saharanpur, Shahjahanpur, Bulandshar, Etah, Mainpuri, Aligarh, Badaun, Firozabad, Akbarpur Matti(Kanpur), Raibareilly, Dehradun, Gopewar, Kotdwara, Pauri Garhwal, Almora, Haldwani, Pithoragarh, Roorkee.
07.	Kolkata	Krishnanagar, Daljeeling, Kolkatta, Bardwan, Bengdubi, Barrackpore, Salt Lake, Midnapur, Gangtok
08.	Patna	Ara, Muzaffarpur, Danapur(Patna), Gaya, Chhapra, Dharghanga, Ranchi, Jamshedpur, Brahampur, Bhubaneswar, Balasore
09.	Jabalpur	Mhow, Jabalpur, Ghazipur, Gorakpur, Allahabad, Fatehpur, Rapur, Pratapgarh, Rewa, Faizabad, Varanasi, Balia, Deoria, Azamgarh, Sultanpur
10.	Hyderabad	Guntur, Secunderabad, Visakhapatnam, Chittor, Giddalur, Golconda, Vijayawada, Kakinaada, Dharwad, Mysore, Karwar, Bangalore,(Urban), Yalahanka(Bangalore), Mangalore, Bijapur, Belgaum, Madikeri
11.	Chennai	Vellore, Chennai, Tirunalveli, Coimbatore, Thiruvannamalai, Avadi, Srivilliputtar, Dindigul, Wellington, Madurai, Krishnagiri, Kanchipuram, Salem, Tiruchi, Cuddalore. Nagercoil, Nagapattinam, Tanjavur, Theni, Tuticorin, Villupura, Port Blair
12.	Kochi	Trivandrum, Kannur, Palakkad, Kochi, Pathannathitta Kozhikode, Allepy, Quilon, Trissur, Konayam, Perintalamanna
13.	Guwahati	Guwahati, Jorhat, Masimpur, Shilong, Kohima Dimapur, Aizwal, Imphal, Agartala

**NOTE :** The applications of all ICG Pensioners will be routed to the **Regional Centre, ECHS, Delhi Cantt**, through Buvik/CGHQ, so all are required to make contribution payment through MRO in favour of **PCDA(WC) Chandigarh** and Demand Draft for smart cards in favour of '**Regional Centre, ECHS Delhi Cantt**'.

**BANKER'S CERTIFICATE**

Certified that following :

Name .....

Service No. .... Rank .....

Pension Account No ..... of this bank is drawing pension as follow :

- |     |  |          |
|-----|--|----------|
| (a) | Uncommuted Basic Pension<br>Including 50% Dearness Pension | Rs. .... |
| (b) | DA   | Rs. .... |
| (c) | Fixed Medical Allowance                                    | Rs. .... |

Total :	Rs
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His Pension Payment Order No. is .....

Fixed Medical Allowance has been stopped w.e.f. (date).....

(Authority for discontinuation of FMA, CGDA New Delhi Circular No. 5601/AT – P/Paytt dated 17 Jun 05 and GOI, MOD letter No. 2(a)/01/US(WE)/D (Res) dated 30 Dec 2002)

Date :

PDA/Bank Manager/I/C DPDO  
(With Official Stamp)

## BUREAU OF NAVIKS

### GENERAL INSTRUCTIONS FOR FILLING-UP THE ECHS APPLICATION FORM

1. Application to be filled up in capital letter with ball point pen, ink pen not to be used. No overwriting is allowed.
2. While filling up the form, leave one box blank after each completed word.
3. Applicant must sign/thumb impression should be clear without any overwriting with black ink within the boxes provided on the pages 1 & 4 (part-IV).
4. The boxes provided at the end of pages 1, 3 and 4 (part V) in the form are to be left blank for Record Officer's signature and stamp.
5. Abbreviations such as Mr.Mrs.& Shri..etc NOT to be written before the name in the boxes.
6. Copy of **Pension Payment Order (PPO)**, duly attested by Bank from where pension is being drawn to be enclosed.
7. **Bankers Certificate** to be made as per page no.14. **Stoppage date of Fixed Medical Allowance to be mentioned (if mentioned in PPO).**
8. Recent colour(CLEAR AND SHARP) passport size photographs (**Red Background**) of self and the dependants are to be pasted in the appropriate boxes provided in the Application form **without** signing on them. Scanned/ computerized/small and poor image quality photos are not permitted.
9. A single demand draft of the total amount @ Rs. 135/- per member 'x' number of smart cards, required to be made in favour of **REGIONAL CENTRE, ECHS, DELHI CANTT** payable at **DELHI**, (The individual's Name, Rank & No. to be written on the reverse side of the DD) having validity of **SIX** months.
10. ECHS Contribution be made through **MRO** at **RBI/SBI** in favour of **PCDA (WC) Chandigarh**, on account of "**Ex-servicemen Contributory Health Scheme (ECHS)**". **Two copies** (in original) of the same to be enclosed with application.
11. Affidavit to be filled up on Rs.10/- **NON JUDICIAL STAMP PAPER** as per the sample and duly attested by the Magistrate/Notary with the round stamp and signature having the following: -
  - (i) Para 1 to 11
  - (ii) Photographs signed across by the Applicant
  - (iii) Date of Birth, Relation and **Identification mark** of all the members to be written (as per the service document) below the photograph, DOB should strictly match with the Application form.
  - (iv) Attestation to be filled correctly. i.e. particulars of Identifier and 02 witnesses.
  - (v) Signature and full postal address of two witnesses.
12. Separate passport size photographs in respect of self and each dependent must be enclosed.
13. In the application form, wherever blood group is mentioned, blood test report must be enclosed.
14. Category for Hospitalisation i.e. **Private/Semi Private/General** must be kept blank. The same will be filled by Bureau/Director (Administration), CGHQ.
15. Parent polyclinic to be filled in application must be nearest to the residential address of each member. List of polyclinics is at page no.13
16. **Additional photo copy** of fully filled and updated application to be enclosed.