

**FORM FOR ALL TYPES OF PENSIONERS**

**EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)**

**APPLICATION FORM FOR MEMBERSHIP**

(PLEASE FILL IN CAPITALS & IN BLUE INK)

Application Regn No																				
Place of Submission																				
PARENT POLYCLINIC																				

To be filled  
by Stn HQ

Applicant's  
Recent Colour  
Passport size  
Photograph in  
Civil Dress

**PART I - PARTICULARS OF PENSIONER**

APPLICATION FOR (✓) Pensioner  Family Pensioner  Future Retiree

SERVICE (✓) Army  Navy  Air Force

Signature of Applicant

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)

(b) Name of Family Pensioner   
(if applicable)

(c) Relationship with ESM (✓) -- Spouse / Son / Daughter / Father / Mother / Brother / Sister

(d) Date of Demise of Pensioner     (DD-MM-YYYY)

For Family  
Pensioner only

4. Date of Birth of Applicant     (DD-MM-YYYY)

5. Date of Commission/Enrolement     (DD-MM-YYYY)

6. Date of Retirement/Discharge     (DD-MM-YYYY)

7. Residential Address   
(Parent Polyclinic will be decided based on this address) } (Maximum 60 Characters including spaces)

State  Pin

8. Telephone No

9. E-Mail Address

Optional

10. Type of Pension (✓) Normal  Disability  Family

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

For Future Retiree Only - Do not fill, if PPO not received

12. Bankers Certificate enclosed Yes  No

13. Name & Address of Bankers/Treasury from where pension drawn

14. Pension Bank Account Number

15. Record Office

16. Drug Allergy (if any)

17. Blood Group A +  A -  B +  B -  AB +  AB -  O +  O -   
(Tick one as applicable)

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

Optional. Attach  
Relevant  
Medical Documents

**NOTE : APPLICATION FORM WILL NOT BE ACCEPTED IN CASE OF ANY OVER WRITING**

Application Regn No

**PART-II PARTICULARS OF DEPENDANTS**

<b>Name of SPOUSE</b>	<input type="text"/>	Affix Recent Colour Passport size Photo of <b>SPOUSE</b> of Pensioner
	(Maximum 20 Characters including Space)	
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD-MM-YYYY)	
<b>Date of Marriage</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD-MM-YYYY)	
<b>Add on Card Required (✓)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Mentioned in Service/Discharge Book (✓)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Drug Allergy (if any)</b>	<input type="text"/>	Optional
<b>Blood Group (✓)</b>	A + <input type="checkbox"/> A - <input type="checkbox"/> B + <input type="checkbox"/> B - <input type="checkbox"/> AB + <input type="checkbox"/> AB - <input type="checkbox"/> O + <input type="checkbox"/> O - <input type="checkbox"/>	

<b>Name of FATHER</b>	<input type="text"/>	Affix Recent Colour Passport size Photo of <b>FATHER</b> of Pensioner
	(Maximum 20 Characters including Space)	
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD-MM-YYYY)	
<b>Employed (✓)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Mentioned in Service/Discharge Book (✓)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Part II Order Published and Copy/Proof attached (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Drug Allergy (if any)</b>	<input type="text"/>	
<b>Blood Group (✓)</b>	A + <input type="checkbox"/> A - <input type="checkbox"/> B + <input type="checkbox"/> B - <input type="checkbox"/> AB + <input type="checkbox"/> AB - <input type="checkbox"/> O + <input type="checkbox"/> O - <input type="checkbox"/>	

<b>Name of MOTHER</b>	<input type="text"/>	Affix Recent Colour Passport size Photo of <b>MOTHER</b> of Pensioner
	(Maximum 20 Characters including Space)	
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD-MM-YYYY)	
<b>Employed (✓)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Mentioned in Service/Discharge Book (✓)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Part II Order Published and Copy/Proof attached (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Drug Allergy (if any)</b>	<input type="text"/>	
<b>Blood Group (✓)</b>	A + <input type="checkbox"/> A - <input type="checkbox"/> B + <input type="checkbox"/> B - <input type="checkbox"/> AB + <input type="checkbox"/> AB - <input type="checkbox"/> O + <input type="checkbox"/> O - <input type="checkbox"/>	

**Note :-** Please attach relevant medical documents of Drug Allergy (if any) and Blood Group.



Application Regn No

**PART III — DETAILS OF MRO PAYMENT**

(Serials 1 to 4 to be filled by only those whose contribution NOT deducted in PPO)

1. Payment in full or in Installments (Tick as applicable)  Full  Two  Three
2. Bank  RBI  SBI  Branch
3. MRO No  Date of Payment
4. Amount (Rupees)

**PART IV — DETAILS OF PAYMENT FOR SMART CARDS**

1. Total Cards Demanded (✓) 1  2  3  2. Amount (Rupees)
3. Mode of payment  DDNo.  Date of Draft  Bank Name
- Date     (DD-MM-YYYY)
- NOTE : Faulty entries requiring subsequent correction will entail fresh cards being made on additional payment. (Signature of Applicant)

**PART V — TO BE FILLED BY STATION HEADQUARTERS/RECORD OFFICE**

1. Basic Pension (Rupees)  2. Documents Checked and Receipt issued (✓)  Yes
3. Payment Received for Smart Cards (✓)  one  two  three  Rs.
4. Category for Hospitalisation (✓)  Private  Semi-Private  General
5. Date of Receipt of Application Form / Date of Retirement of Future Retiree
6. Date application forwarded to Regional Centre
- Signature and stamp of Station Headquarters/Record Office

**PART VI — TO BE FILLED BY REGIONAL CENTRE ECHS**

1. Date of Receipt of Application Form
2. Date application forwarded to Vendor

Checked by  Verified by   
(initials & No.) (initials & No.)

Signature and Stamp  
of Authorised Offr

**SMART CARD DETAILS (to be filled on receipt from vendor)**

1. Date of Receipt of Smart Card(s)
2. ECHS No. (Mentioned in Smart Card)
3. No of Smart Card(s) issued (✓)  One  Two  Three

(a) Dispatched to  (Station HQ/Record Office/individual)

(b) Date of Dispatch

Initials