

FORM A**Application for enrolment**

(See sub-clause (1) of clause 4)

To

The(Cadre Controlling Authority/Head of Office)

Sir,

I, Shri/Smt(designation).....attached to
(office) under(Department) do hereby opt for coming under
 the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of my family as defined in para 3(e) of the
 Scheme are as follows :

Name of Government employee :
 Designation :
 Residential address :
 Date of birth :
 Date of entry into Government service :
 Date of superannuation :
 Present pay (Basic + Dearness Pay) :

Details of Family

Sl. No.	Name	Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

I do hereby declare that upon enrolment under the above scheme I shall forgo the regular medical allowance drawn by me as part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008, as may be in force from time to time.

Signature of the Applicant