

FORM B**Certificate of enrolment**

(See sub-clause (3) of clause 4)

Certified that Shri/Smt(designation) attached to
(office) under..... Department has
 been enrolled under the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of his 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.				

Signature of the Cadre Controlling Authority/Head of the Office

Copy forwarded for information and necessary action to :

1. Shri/Smt(designation)
2. The(Drawing and Disbursing Officer).
 He is requested to discontinue the drawal of regular medical allowance in respect of Shri/Smtwith effect from