Shri Mata Vaishno Devi University

Enrolment Form – J&K Govt. Employees / Pensioners Group Health Insurance Scheme.
Form Annexed with Circular no. 102-FO dated: 6-12-2017

Administrative Department*……………...…………………. Directorate/HoD/Controlling office*…………………………………………..

DDO Code*…………………………………………. District-…………………………………. DDO Name*……………………………………………..

Office address of the DDO / Nodal Officer……

DDO/Nodal Officer Contact No…………………………………………. DDO/ Nodal office Email ID………………………………………..

Employee Details (Block Letter)

Name of the Employee*……………………………. Employee DoB*……………… Sex*………… Employee Mobile No*………………………

Designation of the Employee*……………………………………. Emp ID…………………… Emp. Email ID…………………………………………

Address……..

……..

Pin Code*………………………………………… Dist*……………………………. Aadhar Card No……………………………………………………

Employee can cover any 5 dependents in between spouse/children/parents/siblings

Female employee can cover parents/in laws (any couple) as dependent

Particular of the Dependents of the employee

Sr. No	Full Name* (in Block Letters)	Sex (M/F)*	Relationship with Employee*	Date of Birth* (DD/MM/YY)	Aadhar Card No.
1.					
2.					
3.					
4.					
5.					

Note:
1. The employees are required to fill up the prescribed format properly and include only those dependents who are intended to be covered under the policy.
2. The DDOs/Nodal Officers concerned are requested to verify the above details stated by employee.

Signature of Employee

Date:

Place: **Seal & Signature of DDO/Nodal Officer**

Note:

1. Form to be filled in **BLOCK LETTERS** and with Ball Pen.
2. Information with ***** mark is compulsory to be provided by proposer without ***** form may be rejected.
3. Your mobile number is unique ID no. hence to be used carefully.
4. Aadhar card number if available should also be mention of each member of the family.
5. The form should be verified by DDO stating his name and DDO code number with sign & Stamp.