

**ANNEXURE- VI**  
**NEW HEALTH INSURANCE SCHEME, 2021**  
**for Employees of Govt. Departments and Organisations covered under this**  
**Scheme**

**Form for furnishing Data of Employee and their eligible Family Members for**  
**insurance coverage under New Health Insurance Scheme, 2021 to**  
**Insurance Company/Third Party Administrator.**

1. Name of the Employee :  
*[In case the spouse is employed, the details of the spouse shall also be furnished in the same format separately].*
2. District :  
 Contact Mobile No. :
3. Designation :
4. NHIS 2016 ID Card No. :
5. Pay Drawn Particulars : **Level of Pay** **Pay**  

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6. Head of Account in which the Govt. Employee's contribution is being recovered. :
7. Type of Office :  
*[Govt. / PSU & SB / Local Bodies / Universities / Organisations / Institutions]*
8. HOD Code : 

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*[as provided in Budget documents]*
9. Office in which Employed :
10. Date of Birth :
11. Date of Appointment :
12. Date of Retirement :
13. Designation of Drawing & Disbursing Officer & Code :
14. Pay Drawing Office attached :  
*[PAO / Treasury / Sub-Treasury with Address for Govt. Employees](Others Address of the Office)*
15. Employee Code :  
**[GPF/TPF/CPS No. for Govt. Employees]**  
*[In case of new applicants, state whether application for enrolment in the Contributory Pension Scheme has been sent to the Govt. Data Centre with details of reference no. and date. Employee code of other organisations, if any assigned shall be indicated along with the identification of the Organisation]*
16. Aadhar No. :  
 Voter ID No. :  
 PAN :

17. Details of the Employee and their :  
eligible Family Members under  
the NHIS, 2021

Sl No	Name	Date of Birth	Relation -ship to the Employee	Marital Status	Employ -ment Status	Whether Physically Challenged/ Mentally Retarded.** (Yes/No)	Passport Size Photo
1.			Self				
2.							
3.							
4.							
5.							

**\*\* Details of Physically Challenged and Intellectually Disabled Children as ordered in para 3 (4 ) (4)of Annexure-A of the GO to be furnished.**

**Signature of the Employee**

*Certified that the above particulars are verified with the Service Register of the Employee.*

**Signature of Drawing and Disbursing Officer in Government Departments**

**Signature of Pay Drawing Officers in Organisations covered under this Scheme.**

Name :  
Designation :  
Date :  
Seal :