

MINISTRY OF DEFENCE  
{ Office of the JS(Trg) & CAO }

Sub : Issue of Dependent family members certificate to AFHQ employees.

1. Consequent upon the acceptance of a demand from staff side in JCM regarding issuance of dependent certificate of family members of AMA Beneficiaries, All the AMA beneficiary of AFHQ are hereby requested to submit duly filled application form along with all related documents (as per Appendix-A to this note) to CAO/Medical Cell, Room No 72 'A', E-Block, New Delhi, so that requisite certificate can be issued to them.

Sd/- (Dt 05-08-15)  
(Dr Arvind)  
Dy CAO(M,P &B)  
Phone : 23792495

Encls : As stated above

All Branches/Dtes of Army HQ & ISOs  
(through Admin Sections)

Copy to :-

PS to JS(T) & CAO

All Dy CAOs

PS/PA to all Directors

All Sections of Admin Gp of CAO's office

All recognized Association

APPLICATION FORM FOR ISSUE OF DEPENDENT CERTIFICATE IN RESPECT OF AUTHORISED  
MEDICAL ATTENDANT BENEFICIARY OF AFHQ

PART 'A' TO BE FILLED BY THE APPLICANT

1. Name of the applicant :
2. Designation :
3. Employment ID :
4. Office address :
5. Residential address :
6. Name of the present AMA :
7. Details of dependent family members (\*) :

SI No	Name	Relation	DOB #	Joint family coloured photograph including Self @

\* Son is eligible till he starts earning or attains the age of 25 years, or gets married, whichever is earlier. Daughter is eligible till she starts earning, or gets married; whichever is earlier (irrespective of age). Son suffering from permanent disability either physically or mentally, without any age-limit. Dependent divorced/abandoned or separated from their husband/widowed daughters (irrespective of age).

# Birth certificate of all dependent family members may be enclosed with the application.

@ One Photograph should be pasted on application and one should be enclosed for issue of certificate.

DECLARATION

I, (Name), hereby declare that I resides at the address mentioned above and the details of family members given above are wholly dependent on me for medical purpose. The information given above is correct to the best of my knowledge.

Date : (Signature of applicant)

PART 'B'

Certified that Shri/Smt----- is a permanent/temporary Govt servant and working in this office as ----- . The information furnished by him/her is correct and I recommend issue of dependency certificate to him/her for the purpose of Medical treatment in CGHS approved Hospitals.

Date : (Signature of superior officer with stamp)

PART 'C' (To be filled by concerned Admin Section)

Certified that the details furnished by the individual at SI No 1 to 7 have been verified and found correct.

(Signature of SAO)

CAO/Medical Cell, CAO's Office