

**JAWAHARLAL NEHRU UNIVERSITY**  
**(CENTRAL GOVERNMENT HEALTH SERVICES)**  
**APPLICATION FORM FOR ADDITION/DELETION**

Employee code :

1. NO. OF CGHS IDENTITY CARD :
2. NAME OF THE GOVT. SERVANT :
3. MINISTRY/OFFICE IN WHICH WORKING : JAWAHARLAL NEHRU UNIVERSITY
4. NEW ADDITION / DELETION :

S.NO.	NAME	DATE OF BIRTH	PHOTO (IN CASE OF ADDITION)	RELATION

5. SIGNATURE OF GOVT. SERVANT / THUMB IMPRESSION : -----

Date:

**FOR USE IN THE ESTABLISHMENT SECTION, JNU**

The information(s) furnished against columns 1 to 4 are verified and is correct. It is also certify that above name(s) is/are included in the employee's dependent list, as per office record.

**S.O/A.R./D.R.**

6. SIGNATURE AND DESIGNATION OF : -----  
ISSUING AUTHORITY/ SEAL HEALTH SERVICES, JNU