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.] **:- SARASU.K**

2. Contact Mobile No. **:- 6382236743**

3. Designation **:- ANGANWADI HELPER**

4. NHIS 2012 ID Card No. **:- PDK\01\SE404\NHIS12\1597064**

5. Pay Drawn Particulars **:- Level of Pay** **Pay**

Level-02 (4100 - 12500)	**Rs. 6,800/-**

6. Head of Account in which the Govt. Employee's contribution is being recovered. **:- 0075-00-800-BM-22401.**

7. Type of Office
Govt. / PSU & SB / Local Bodies / Universities / Organisations / Institutions **:- GOVT.**

0	**4**	**5**	**0**	**4**

8. HOD Code **:- 04504**
[as provided in Budget Document]

9. Office in which Employed **:- CHILD DEVELOPMENT PROJECT OFFICE-KARAMBAKKUDI.**

10. Date of Birth **:- 01/07/1967**

11. Date of Appointment **:- 02/05/1993**

12. Date of Retirement **:- 30/06/2027**

13. Designation of Drawing & Disbursing Officer & Code **:- CHILD DEVELOPMENT PROJECT OFFICER & SE404.**

14. Pay Drawing Office attached :- **SUB-TREASURY - KARAMBAKKUDI & 1112.**

[PAO / Treasury / Sub-Treasury with Address for Govt. Employees]
{Others – Address of the Office

15. Employee Code :- **5527165/ICDS.**
[GPF/CPS/TPF No. for Govt. Employees]

16. Aadhar No. :- 6181 0964 0712.

PAN No :- MYKPS5889P.

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

Sl. No.	Name	Age	Relationship to the Employee	Marital Status	Employment Status	Stamp size Photo
1	**SARASU K**	**56**	**EMPLOYEE**	**MARRIED**	**YES**	
2	**RATHINAM**	**60**	**HUSBAND**	**MARRIED**	**NO**	

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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

Name :
Designation :
Date :
Seal :