

**APPLICATION FOR NATIONAL GREEN TRIBUNAL MEDICAL CARD**

Applying for fresh NATIONAL GREEN TRIBUNAL MEDICAL CARD

1. Name of the Applicant (BLOCL LETTERS): .....
2. Name of Organization.....
3. Designation..... Gazetted ..... Non-Gazetted.....
4. Present Pay.....  
Level as per 7<sup>th</sup> CPC.....
5. Official address.....  
.....
6. Residential Address.....  
.....  
.....
7. Telephone Number: (O)..... (R)..... (M).....
8. E-mail ID .....
9. Date of Superannuation:                      Date..... Month..... Year.....
10. Are you on Deputation (Central Deputation)
11. If yes, Likely Competition of Deputation
12. Are your services transferable of other cities:
13. Details of Family  
{Please see definition of Family before filling up this column}

S.N.	Name of Family Member	Relationship to NGT Medical Card Holder*	Date of Birth# (Compulsory)	Blood Group (Optional)

{# please attach proof of age of in case of sons}

14. Are all the persons whose names are given below are dependent upon you and are residing with you?  
 {Please attach proof of their staying with you, like copy of Ration Card/Election ID/Pass Port/ Identity Card issued by Colleague/School/University/Bank Pass Book, etc.}
15. Paste one group Photograph of member of Family (including self) whose names are proposed to be including as part of your family in the space given below:

**Affix Group photo of beneficiary and dependent in triplicate**

**Photo size 65mm x 40mm**

I undertake to intimate to NATIONAL GREEN TRIBUNAL, immediately, if there is any change in dependency criteria of my family members including in this application form. If I fail to intimate and if the NATIONAL GREEN TRIBUNAL comes to Know of the change then the NATIONAL GREEN TRIBUNAL MEDICAL FACILITY is liable to be withdrawn by the NATIONAL GREEN TRIBUNAL and the NATIONAL GREEN TRIBUNAL and/ or appropriate authority will be free to initiate any action against me.

I undertake to surrender the NATIONAL GREEN TRIBUNAL MEDICAL CARD (S) on my leaving this Office on transfer, retirement, termination, Resignation, or on ceasing to be eligible for NATIONAL GREEN TRIBUNAL MEDICAL benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

**Encl:** Proof of Residence/stay of Dependents  
 Proof of age of Son/Disability Certificate  
 Attested copy of Last pay slip

**(Signature of Applicant)**

**(FOR OFFICE USE)**

The information furnished by the applicant has been verified and found to be correct. It is recommend that a NATIONAL GREEN TRIBUNAL MEDICAL CARD be issued to Shri./Smt./Kumari.....Designation..... in the NATIONAL GREEN TRIBUNAL. I am authorized for the issuance of NATIONAL GREEN TRIBUNAL MEDICAL Card and approval of the Competent Authority has been obtained.

**(Name, sign & seal of Head of Office)**

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