

## APPLICATION FOR RGUHS HEALTH BENEFIT SCHEME

<p><b>APPLICATION FORM No.</b> .....</p> <p>(To be filled by RGUHS)</p> <p><b>Faculty:</b> .....</p> <p>(under which the student admitted)</p>
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<p>Affix Passport Size Photograph attested by the Principal with Seal</p>
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1	Name in Full (CAPITAL LETTERS) (as per SSLC / SSC mark sheet)	
2	Gender	
3	<p>a) Course to which student is admitted Medical/ Dental/ AYUSH/ Pharmacy/ Nursing/ Physiotherapy/ Allied Health Sciences (Enclose relevant course letter duly signed by the principal).</p> <p>b) Particulars of the student UG - 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> Year/ Intern. PG - 1<sup>st</sup> / 2<sup>nd</sup>/3<sup>rd</sup> Year. Super Speciality PG's - 1<sup>st</sup>/ 2<sup>nd</sup> Year. Fellowship PhD.</p>	
4	<p>Correspondence Address in BLOCK LETTERS</p> <p>Mobile no.</p> <p>Email address</p>	
5	<p>Health Benefit Scheme/ Accident details</p> <p>a) Area</p> <p>b) Locality</p> <p>c) District</p> <p>d) History of Injury/ Accident</p> <p>e) Photos of the injury (Enclosed relevant certificate which is duly signed by the principal).</p> <p>f) Diagnosis</p> <p>g) Treatment Details</p> <p>h) CGHS rates quoted for the treatment.</p> <p>i) Details of the amount claimed with supportive bills duly certified by the attending Doctor and head of the institution.</p>	
6	Are you claiming any other insurance from any other source. If yes provide details	
7	<p>Details of the bank account of the student</p> <p>SB A/c Number</p> <p>Name of the Bank</p> <p>Branch Name</p> <p>IFSC Code</p>	

P T O

I /we hereby certify that the information disclosed by me /us is true to the best of my/our knowledge and in case if any of the particulars furnished by me/ us is found to be false, I/ we, am/are liable for any action proposed to be taken by the RGUHS.

I /we agree to abide by all the terms and conditions of the RGUHS scheme.

Name and Signature of the student

Recommendations by the Head of the Institution where student is studying.

I, here by certify that the above information furnished by the student is verified and found to be correct as per college records.

Name and Signature of the Principal/Head of the institution with office seal