ANNEXURE- VI

NEW HEALTH INSURANCE SCHEME, 2026

for Employees of Govt. Departments covered under thisScheme

Form for furnishing Data of Employee and their eligible Family Members for insurance coverage under New Health Insurance Scheme, 2026 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 separatey].*	**:**		
2.	Contact Mobile No.	**:**		
3.	Designation	**:**		
4.	NHIS 2016 ID Card No.	**:**		
5.	Pay Drawn Particulars	**:**	**Level of Pay**	**Pay**
6.	Head of Account in which the			
	Govt. Employee's contribution is being recovered.	**:**		
7.	Type of Office	**:**		
	[Govt. / PSU & SB / Local Bodies			
	/ Universities / Organisations /			
8.	*Institutions]*			
	HOD Code	**:**		
	[as provided in Budget			
	documents]			
9.	Office in which Employed	**:**		
10.	Date of Birth	**:**		
11.	Date of Appointment	**:**		
12.	Date of Retirement	**:**		
13.	Designation of Drawing & Disbursing Officer & Code	**:**		
14.	Pay Drawing Office attached	**:**		
	[PAO / Treasury / Sub-Treasury with Address for Govt. Employees]			

	(Others – Address of the Office)	
15.	Employee Code	**:**
	[GPF/TPF/CPS No. for Govt. Employees]	

[In case of new applicants, state whether application for enrolment in the Contributory Pension Scheme has been sent to the Govt. Data Centre with details of reference no. and date. Employee code of other organisations, if any assigned shall be indicated along with the identification of the Organisation]

16. Aadhar No. **:**

Voter ID No. **:**

PAN **:**

17. Details of the Employee and their eligible Family Members under the NHIS, 2026 **:**

Sl. No.	Name	Date of Birth	Relationship to the Employee	Marital Status	Employment Status	Whether Physically Challenged/ Intellectually Disabled.** (Yes/No)	Passport size Photo
1.			**Self**				
2.							
3.							
4.							
5.							

**** Details of Person with disabilites and Intellectually Disabled Children as ordered in para 3 (4) (4)of Annexure-A of the GO to be furnished.**

Signature of the Employee

Certified that the above particulars are verified with the Service Register ofthe Employee.

Signature of Drawing and Disbursing Officer in Government Departments

Signature of Pay Drawing Officers in Organisations covered under this Scheme.

Name :

Designation :

Date :

Seal :