

**Enrolment Form - J&K Govt. Employees / Pensioners Group Health
Insurance Scheme
Format Annexed with Circular NO. 102 - FO dated 6.12.17**

Administrative Department * Higher Education Department

Directorate/HOD/Controlling office * Principal, S.P. College, Srinagar

DDO Code* 0900005 .District* Srinagar DDO Name* Prof. (Dr.) Parveen Pandit

Office address of the DDO /Nodal office :-M. A. Road, Srinagar.

DDO/Nodal officer Contact No * 01942476828 DDO/Nodal officer Email ID :-spsgr1905@gmail.com

Employee Details (Block letter)

Name of the Employee*

Employee DOB* Sex* Employee Mobile No*

Designation of the Employee* Emp. ID

Emp. Email ID

Address:.....

.....

Pin Code*Dist*Aadhar Card No

Signature of Employee

Date :- _____

Place :- _____

seal & Signature of DDO/Nodal Officer

Employee can cover any 5 dependents in between spouse/children/parents/siblings
Female employee can cover parents /in laws (any couple) as dependent

S. No.	Full Name * (in Block Letters)	Sex(M/F)	Relationship with Employee *	Date Of Birth (DD/MM/YY)	Aadhar Card No.
1					
2					
3					
4					
5					

Note:-

1. The employees are required to fill up the prescribed format properly and include only those dependents who are intended to be covered under the policy.
2. The DDOs/Nodal Officers concerned are requested to verify the above details stated by employee.

Signature of Employee

Date :- _____

Place :- _____

seal & Signature of DDO/Nodal Officer

Note:

1. Form to be filled in BLOCK LETTERS and with Ball Pen.
2. Information with * mark is compulsory to be provided by proposer without * form may be rejected.
3. Your mobile number is unique ID no. hence to be used carefully.
4. Aadhar card number if available should also be mention of each member of the family.
5. The form should be verified by DDO stating his name and DDO code number with sign & stamp.