

EHS Retired Beneficiary Form

Name of Retired EHS Beneficiary: -

EHS Card Number (before retirement): -

Date of Retirement: -

Please select the required subscription:

Annual

Lifetime

Not Availing

Payment receipt number: -

Bank Account Number: -

IFSC Code: -

Contact Number: -

Email Address: -

Details of Family Members: -

Name	Relationship	Date of Birth	EHS Card Number (office use only)

Declaration*

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Signature of Retired Beneficiary

Date:

Place:

Countersign
Admin officer / Registrar

Documents to be Attached

1. Copy of Last Pay Order
2. Copy of Bank Passbook
3. Copy of EHS Card of Retired Beneficiary
4. Copy of EHS Cards of Family Members (if applicable)

The completed form along with the required documents to be submitted to EHS office