ANNEXURE- VI

NEW HEALTH INSURANCE SCHEME, 2026

for Employees of Govt. Departments covered under this Scheme

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 separately].*	**:**
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	**: Nil**
7.	Type of Office *[Govt. / PSU & SB / Local Bodies / Universities Organizations / Institutions]*	**:** Universities
8.	HOD Code **:** *[as provided documents]* *In Budget*	2 0 9 3
9.	Office in which Employed	**:** Bharathiar University
10.	Date of Birth	**:**
11.	Date of Appointment	**:**
12.	Date of Retirement	**:**
13.	Designation of Drawing Disbursing Officer code	**:** Bharathiar University & 10
14.	Pay Drawing Office attached *[PAO / Treasury / Sub-Treasury with Address for Govt. Employees] (Others – Address of the Office)*	**:** Bharathiar University
15.	Employee Code **[GPF/TPF/CPS No. for Govt. Employees]**	**:**
16.	Aadhar No. **:** Voter ID No.**:** PAN**:**	
17.	Details of the Employee and their eligible Family Members under the NHIS, 2026	

[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 organizations, if any assigned shall be indicated along with the identification of the Organization]

S No.	Name	D.O.B	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 disabilities and Intellectually Disabled Children as ordered in para 3 (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 of the Employee.

Signature of Drawing and Disbursing Officer in Government Departments

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Signature of Pay Drawing Officers in Organizations covered under this scheme.

Name :
Designation :
Date :
Seal :