

Su-Swastha Yojna

A Government of Sikkim Initiative



PART 1 - EMPLOYEE ENROLMENT FORM

This form must be filled and submitted for enrolment into Su-Swastha Yojna

PERSONAL DETAILS*

Employee Name*

Mr./Mrs./Ms. First Name* Middle Name Last Name*

S/O D/O W/O*

Mr./Mrs./Ms. First Name* Middle Name Last Name*

Gender* Male Female Other Date of Birth*

Affix Passport
Photo Here

EMPLOYMENT DETAILS*

GPF/CPF/EPF No.*
(Whichever is applicable)

Department Name* Designation*

Place of posting

Office Location* District*

Pin Code

CONTACT DETAILS*

Mobile Number* Email Id

Address (Current) Shall be used for communication

Line 1 Line 2

Line 3 City

District Pin Code

Address (Permanent)

Tick (if same as Current Address)

Address (Permanent)

Line 1 Line 2

Line 3 City

District Pin Code

MANDATORY DOCUMENTS FOR APPLICATION*

Attach copy of all documents mentioned below with application to your department nodal officer

Voter Id Number* Aadhaar No.*

Any Other Document (View list of documents applicable for enrolment)

Id Type Id Number

Fields marked * are mandatory, if unavailable please reach employer for clarification and assistance.

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DECLARATION

I, (name)..... hereby declare that the details provided voluntarily by myself for the purpose of enrolment in the Su Swastha Yojna (Employee Health Services Scheme) are correct and true to the best of my knowledge.

I declare that I have read and understood the terms and conditions of the Su Swastha Yojna regarding process of enrolment, availing benefits under the Yojna, tenure of enrolment and employee contributions thereof. I have submitted copy of Voter ID card and Aadhar Card as necessary proof of details submitted above.

Date

Place

Signature of Employee

Name

Approved By Authorized Person

Name

Designation

PART 2 - ADD DEPENDENT FORM

This form must be filled and submitted for enrolment into Su-Swastha Yojna

EMPLOYEE SELF-DECLARATION FOR ENROLMENT OF FAMILY MEMBERS

I, (name)..... hereby declare that the following details furnished for my dependent family members are correct. I wish to enroll the following dependent family members in the Su - Swastha (Employee Health Services Scheme) Yojna. I have read and understood the terms and conditions of the Su - Swastha Yojna regarding the employee contributions, tenure of enrolment, and benefits that can be availed by employee and dependent family members during the tenure of membership of the beneficiary.

DEPENDENT NO.

(A maximum of 5 eligible family members can be added as dependents)

Name of Dependent*

Mr./Mrs./Ms. First Name* Middle Name Last Name*

Gender* Male Female Other Date of Birth*

Relationship with Employee*

(Please read relationship eligible for adding as dependent)

Proof of Identification*

Aadhaar No.* Voter Id No.*

Any Other Government ID

Any Other Document Being Submitted as Proof of Relationship

(Please read list of acceptable documents)

Date

Signature of Employee

Place

Name

Approved By Authorized Person

Signature

Name

Designation

Affix Passport Photo Here