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APPLICATION FORM FOR CASHLESS SMART CARD FOR RELHS
BENEFICIARIES

(Please fill in Capital Letters)

(Recent Coloured
Passport Size
Photo to be affixed)
To be attested by
the CH/JP

- 1 Application Registration Form No.
- 2 Date of RELHS Card registred:
- 3 Health Unit where cared is registered:
- 4 PPO No:
- 5 Last Pay drawn & deposited for RELHS Card:
- 6 Present Pension:

PARTICULARS OF PENSIONER:

- 1 Name of Retired employee who is registered in RELHS
Age:
- 2 Identification Marks:
- 3 Date of birth of Applicant:
- 4 Permanent Address:
- 5 Present Address:
- 6 Telephone Number :
- 7 Mobile No:
- 8 RELHS Card No. & issued by :
- 9 CMC No.of Central Hospital:
- 10 Email address:
- 11 Blood Group:

Signature & Thumb
Impression of the Applicant.

The Personal data of the dependants :

(a) Spouse

(Recent coloured
Passport Size
Photo to be affixed)
To be attested by
the CH/JP

- 1 Name:
- 2 Age:
- 3 MOI:
- 4 Blood Group:

Signature/Thumb
Impression

(b) Child (Dependant)

- 1 Name:
- Age:
- 2 Date of birth :
- 3 MOI:
- 4 Relationship(Son/Daughter):
- 5 Employed (Y/N):
- 6 Married/Unmarried:
- 7 Blood Group:

(Recent coloured
Passport Size
Photo to be affixed)
To be attested by
the CH/JP

Signature/Thumb
Impression

('c) Widowed Dependant Mother:

- 1 Name:
- Age:
- 2 Date of Birth:
- 3 Identification Marks :
- 4 Blood Group:

(Recent coloured
Passport Size
Photo to be affixed)
To be attested by
the CH/JP

Signature/Thumb
Impression

(d) Any other Dependants :

Sample of Affidavit

**AFFIDAVIT ON Rs.10/- NON-JUDICIAL STAMP PAPER AND TO BE
ATTESTED BY MAGISTRATE/NOTARY PUBLIC DECLARATION**

I, Shri/Smt Retired employee of Dept from
(place).....solemnly affirm and declare as follows:-

1. I am drawing Pension vide PPO No.
.....dated.....
2. That I have the legal dependant(s) whose photographs is/are affixed below
on this Affidavit:-

Name....., Relationship....., Age....., Date of Birth.....

Signed Photo of Self & Dependants giving name, relationship and identification
mark

(Photographs to be pasted and signed across by each dependant. In case of
challenged child/minor, to be signed by Applicant).

3. That my son(s) is/are NOT employed and that I am aware that my son(s) are
not eligible for the RELHS after he/they get employed at any time. I shall
inform the Railways immediately of his/their employment.
4. That my daughter(s) is/are NOT married. That I am aware of the fact that
my daughter(s) is/are NOT eligible for their RELHS after she/they get
married. I shall immediately inform RELHS authorities of her/their
marriage.
5. That in case of any change in the status of my dependants (due to death,
marriage, employment), I will inform RELHS at the earliest and will stop
use of the RELHS facilities. I will refund in full, the cost of any treatment
that my dependants may have received after he/she became ineligible. I
shall be liable for civil/criminal action should I fail to do so.
6. That I am not a member of any other medical scheme funded by Central
Govt. PSU, or any other Govt. undertaking.
7. I understand that in case I have submitted any incorrect information, or if my
RELHS card is misused or used by any unauthorised person, my
membership will be cancelled without any notice or further hearing.
In addition, I will forfeit my contribution and I will pay the entire cost of
expenditure incurred on such unauthorised person(s). I will also be liable for

legal action by the RELHS. I will also immediately report the loss of my RELHS card to the Health Unit and lodge an FIR with the local civil police.

8. That in case of misuse of Smart Card(s) or tampering with bills or attempt to defraud once I become a member, will forfeit my membership automatically.

Signature of Deponent

VERIFICATION

The deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief and no material has been concealed or suppressed there from.

Verified at (Place).....on this (Date).....day of (month)..... (Year).....

Signature of the Deponent.

ATTESTATION

Certified that the above statement is declared before me at (Place).....on this.....day of (Month).....(Year).....by DEPONENT Name who is identified by.....Name.....S/O (Father's name of identifier).....and witnessed by Name.....S/O (Father's name of first witness).....and Name S/O (Father's name of second witness).

WITNESS

Signature of Witness no. 1

(Name in Block Capitals)

(Full Postal Address)

Signature of Witness No. 2

(Name in Block Capitals)

(Full Postal Address)

**ATTESTED BY
MAGISTRATE/NOTARY PUBLIC**

CASHLESS SERVICES FOR RELHS CARD HOLDERS TO
TAKE TREATMENT IN RECOGNIZED PRIVATE
HOSPITALS IN EMERGENCY

Terms & Conditions of the Scheme

- i. The scheme is to be implemented in all the Metros, State Capitals and Zonal Headquarters.
- ii. Zonal Railways shall enter into an 'MOU' with already empanelled hospitals under their jurisdiction for the scheme. Further, if there are not enough recognized multi-specialty hospitals, zonal Railways shall recognize CGHS empanelled hospitals on CGHS approved rates and/or other hospitals as per extant policy and enter into an 'MOU' for the Smart Card Scheme.
- iii. Smart Card should provide necessary demographic data and other relevant information on a standardized format.
- iv. Zonal Railways shall award the job of issuing the Smart Card to a suitable services provider on most competitive rates, through open bidding.
- v. It shall be the responsibility of the hospital to inform the authorized medical attendant regarding emergency within 24 hours. In case an admission is found to be of non-emergency nature, the treating hospital shall refer the patient to authorized medical attendant in next 24 hours.
- vi. The scheme shall be implemented with the existing man power of Zonal Railways.
- vii. Issuance of Smart Card is made mandatory to RELHS beneficiaries residing in the regions mentioned in (i) above and cost of the card as decided upon may also be included in the contribution towards joining RELHS at the time of retirement.
- viii. The following conditions, shall qualify as emergencies.
 - Acute cardiac conditions/syndromes.
 - Vascular catastrophes, Cerbo-vascular accidents.
 - Acute respiratory emergencies.
 - Acute abdomen including acute obstetrical.gynecological emergencies.
 - Life threatening injuries.
 - Acute poisoning and snake bite.
 - Acute endocrine emergencies.
 - Heat stroke and cold injuries of a life threatening nature.
 - Acute renal failure.
 - Severe infections leading to life threatening situations.
 - Any other condition in which delay could result in loss of life or limb.