

APPLICATION FOR CORRECTION OF ERROR IN PLASTIC CARD

Name of beneficiary	:		
Ben. ID No.	:		
Name of Family Member	:	1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
Dispensary	:		
Nature of Correction	:		
Correction Required	:		
Contact Telephone No.	:		

Encl : Photocopy of Pay Slip & CGHS ID cards

Signature of Applicant