

## INSTRUCTIONS FOR FILLING OF MAIN MEMBER ENROLLMENT FORM AND DEPENDANT FORM

### A. GENERAL INSTRUCTIONS – Please read these instructions carefully before filling the Enrolment Form

The **Enrolment Form** consists of two forms, i.e., **Main Member Enrolment Form** and **Dependant Form**. The details of the dependants who are eligible to be covered in accordance with the family definition applicable as per Punjab Medical Attendant Rules [CS (MA) Rules, 1940] are to be filled in the Dependents Form. In one Dependant Form, details of four dependants can be filled. In case, if there are more dependents, please attach additional sheets of Dependant Form.

#### a. OFF LINE MODE OF FILLING THE ENROLMENT FORMS:

1. Visit web site : [www.pbhealth.gov.in](http://www.pbhealth.gov.in).
2. Click on Enrolment Form and Dependant Form to download both the forms
3. Take Print out of downloaded forms
4. Fill the Enrolment Form and Dependant Form and paste your and your dependants photographs on the forms
5. Staple the enrolment form and sheets of dependant forms. Ensure that staple is not loose, so that forms are not misplaced/ lost during transit
6. Submit the filled forms to your DDO, for verification and onward transmission to the Insurer Company. In case of pensioners, the form is to be submitted to the DDO of the Office, from where last pay was drawn.
7. Collect your ID Cards from your DDO.
8. Continue to visit the above website for any further notices/ information.

#### b. ONLINE MODE OF FILLING THE ENROLMENT FORMS:

9. Visit web url : [www.pbhealth.gov.in](http://www.pbhealth.gov.in). and go to online submission link for online submission of enrolment form.
10. Select your Department, District, Block, Office, DDO from the dropdown given on the web page.
11. After selecting your DDO, an enrolment form web page will be displayed.
12. Type the information in all the fields given in the Main Member Form Enrolment Form.
13. Select the photograph, already saved in your computer, against the field of photograph. In case, if you don't have soft copy of photograph, you can leave it blank.
14. After filling all the fields, save the form by clicking on save button on the bottom of the form.
15. The form will be saved and pdf page of filled form will be displayed. Save the pdf file and take its print out.
16. Put your signature and date on the filled printed form. Paste the photograph, if you had not made online selection of the photograph earlier.
17. Similarly enter details of dependant forms, save it and take its print out. Put your signature and date on the filled printed dependent form.
18. Staple the enrolment form and sheets of dependant forms. Ensure that staple is not loose, so that forms are not misplaced/ lost during transit
19. Submit the filled forms to your DDO, for verification and onward transmission to the Insurer Company.
20. Collect your ID Cards from your DDO.
21. Continue to visit the above website for any further notices/ information.

#### c. General Instructions: Please follow the instructions given below while filling the form.

- Do NOT fold or smudge the Enrolment Form.
- Do NOT write "NA" or "N/A" or "NOT APPLICABLE" in any boxes in the form to convey that the column is not relevant for your case.

#### **ALL FIELDS ARE TO BE FILLED MANDATORILY.**

The employee/ pensioner will be enrolled on basis of particulars given in the enrolment form, based on which Scheme ID Card will be generated and given to all the beneficiaries. Therefore, you must be careful in filling up the Enrolment Form without mistakes. The Main Member shall be held responsible for any mistake in the application form submitted.

### B. INSTRUCTIONS FOR FILLING UP "MAIN MEMBER ENROLMENT FORM"

#### MAIN MEMBER DETAILS

- Use black or blue ball point pen only. Do NOT fill the form with ink-pen or pencil.
- Write as clearly as possible. Use a pen with a thinnest possible tip.
- Use standard fonts and avoid stylized writing.

### a. Current Status:

- Put a tick (☒) in the boxes where you have to choose one option against the applicable current status , as your answer and leave the other option(s) blank. For example, if your current status is serving employee , put a tick in the box against " serving employee" as shown in the example below –

(a) Serving Employee ☒ (b) Pensioner ☐ (c) Serving All India Service Officer ☐ (d) Retired All India Service Office ☐

- Do NOT put dots (☐), tick marks (☒) , etc, in the boxes, to choose the appropriate option as your answer

### b. Photograph:

Following are the **DOs** and **DON'Ts** to be followed while affixing the photograph:

DOs	DON'Ts
<ul style="list-style-type: none"><li>Paste your recent passport size photograph (4.5 cm length x 3.5 cm width) in colour in the box meant for affixing the photograph</li><li>Photograph should fit within the given box</li><li>Frontal view of the full face should be visible in the photograph</li><li>Photograph should be printed on good quality photo paper</li><li>Print of the photograph should be clear</li><li>Write your Name and Mobile Number on back of photo with ball point, before pasting your photo on the form. This will help to identify your photo, in case photo gets detached from the form during transit.</li></ul>	<ul style="list-style-type: none"><li>Do not paste black and white photographs</li><li>Dimensions of photograph should not be smaller than the box (i.e. 4.5 cm length x 3.5 cm width) provided in the application form</li><li>Photograph with dark background , or with eyes hidden under coloured or dark glasses or covered by hair will not be accepted</li><li>Photograph in computer print will not be accepted</li><li>Photograph is <b>NOT to be signed</b></li><li>Photograph should not be damaged, for example: torn, creased, or marked</li><li>Photograph is <b>NOT to be stapled</b></li><li>Photographs cut from group photographs are not acceptable</li></ul>

### Column : 1) Name , 2) Father's/ Husband Name 9) spouse name

- You must furnish the full name as it appears it on person's Identity Proof Documents.

Eg

P	I	Y	U	S	H		K	U	M	A	R
---	---	---	---	---	---	--	---	---	---	---	---

- In case you do not use a surname, write only your given name/ first name.
- Do not use short forms, or abbreviations such as "S.K Siddhu" or "Sachin K Siddhu" is not correct. Write complete name as "Sachin Kumar Siddhu"
- No honorifics, titles, prefix such as Mr, Shri, Mrs., Major, Dr etc should be written.
- Use CAPITAL LETTERS only without any titles/ prefix/ honorifix or any short forms etc, throughout the enrolment form, as shown in the image below –

Name					
p	r	e	e	t	i

**Incorrect**

Name					
P	R	E	E	T	I

**Correct**

Name									
M	r	s		P	R	E	E	T	I

**Incorrect**

- Write clearly within the boxes without touching the boundaries. Try and write in the centre of the box, as shown

M	E	H	T	A
---	---	---	---	---

**Incorrect**

M	E	H	T	A
---	---	---	---	---

**Correct**

- Leave one box blank after each complete word, while filling up the boxes.

Name											
B	A	L	W	A	N	T	S	I	N	G	H

**Incorrect**

Name												
B	A	L	W	A	N	T		S	I	N	G	H

**Correct**

- Do NOT write anything outside the given boxes. Adjust the information you need to fill, within the given number of boxes.

- Do NOT overwrite in case of a mistake. **Just strikeout the alphabet and continue to write in the next box.**

S	R	I	D	H	A	R
---	---	---	---	---	---	---

**Incorrect**

S	R	I	D	X	H	A	R
---	---	---	---	---	---	---	---

**Correct**

### Column: 3) Date of Birth/ Age

- Write your date of birth in the DD-MM-YYYY (date-month-year) format. Also mention your age in years

### Column: 4) Gender, 5) Marital Status

- Tick your gender and Marital Status

, For example, if your gender is male, put a tick in the box against male as shown in the image below –

Gender : Male ☒ Female ☐

### Column: 4) Mobile Number, 5) Aadhar Number 6) E-mail ID

- Enter your 10 digit mobile number, at which you want to receive your authorization/ claims or any scheme related update. Repeat this

mobile number at all the sheets of the forms.

- Enter your correct Aadhar number.
- Enter your correct and functional email id, all in capital letters with no gap in between

J	A	S	S	@	Y	A	H	O	O	.	C	O	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---

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### Column: 10) Whether spouse is in Govt. Job.

- Tick the employment status of your spouse

**Column: 11) Mailing Address**

- Enter the correct mailing address, where communications/ correspondence, if any, related to the Scheme can be received by you.
- Leave one box empty between every two words.

**DEPARTMENT OFFICE DETAILS**

**Column :1) GPF/ PRAN/ PPO Number**

- If you are a serving employee, then tick either GPF box or PRAN box, whichever is applicable to you, and enter your GPF or PRAN Number in the boxes given for entering the number.
- If you are a pensioner, then tick PPO box and enter your PPO Number in the boxes given for entering the number.

**Column :2) Name of Department (Where serving or from where retired) 3) Particulars of the Office where serving or retired**

- Enter the correct and complete name of the Department/ Office. Dont use short forms or abbreviations..
- Leave one box empty between every two words.

**Column :4) Place of Posting/Last place of posting from where retired 5) District**

- Leave one box empty between every two words.

**Column :6A) Grade Pay in case of serving Employee and Pensioner who retired after 01.01.1996**

Please see the Table to find out the correct group corresponding to your grade pay.

GROUP	GRADE PAY
GROUP A	>= 5400
GROUP B	
GROUP C	
GROUP D	

**Column :6 B) Class in case of Pensioner who retired before 01.01.1996**

Please tick your class at the time of your retirement.

CLASS	
CLASS I	
CLASS II	
CLASS III	
CLASS IV	

**Column: 7) Date of joining 8) Date of Retirement**

**MAIN MEMBER BANK ACCOUNT DETAILS**

### Column 1 to 4

- Provide Bank Name, Address of its branch, IFSC Code of Branch and Account Number, so that payment transaction against

reimbursement claim, if any can be made at the given account details.

### TOTAL NUMBERS OF DEPENDENTS

### Total Numbers of Dependents

- Enter number of dependants under each age slab. For instance, your children under 45 years, will come under Age Slab A, your spouse  
if of 45 years or above and below or of 65 years will fall under Age Slab B and your parents above 65 years will come under Age Slab C.
- Also enter total number of dependants.

### UNDERTAKING/DECLARATION OF MAIN MEMBER

- The signature is to be put by the Main Member with blue/ black ball point pen only, irrespective of whether he/ she is filling the form offline or online.
- In case of any injury, if Main Member is not able to sign, then he/ she should put left hand thumb impression instead of signature