



**CHIEF MINISTER AROGYA ARUNACHAL YOJANA (CMAAY)**  
**(Only For State Government Employees of Arunachal Pradesh)**

Form for furnishing data of Employee and eligible family dependents (as per CCS rules) for health coverage under Chief Minister Arogya Arunachal Yojana

Ref No. / File No.

Date

Sr.No.	Particulars	Detailed Information	
1	Name of the Employee (in Capital Letters) : (In case spouse is employed, details of spouse shall also be furnished in the same format separately)		
2	Father/Spouse Name :		
3	Permanent Address :	Address Line1:	
		Address Line2:	
		Village/ Town:	
		Circle:	
		District:	
		Pin Code:	
4	Designation :		
5	Date of Birth :		
6	Date of Appointment :		
7	Retirement Age :		
8	Date of Retirement :		
9	Contact No. :		
10	Current Place of Posting* :		
11	Name of the Department :		
12	Office Name :		
13	Name of Drawing & Disbursing Officer (DDO) :		
14	Pay Matrix Level (7 CPC) :		
15	Pay Drawing Office (FAO/Treasury/Sub-Treasury with address)* :		
16	Employee Code/ GPF/NPS No. : (In case of new application, state whether application of enrolment in the GPF/NPS has been sent to the Govt. Data Centre with details of reference no. and date)		
17	ID Card No.* :		
18	EPIC No. (Voter ID) :		
19	Arunachal Pradesh Scheduled Tribe (APST):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: - The point marked with \* (astrick mark) are mandatory

20 Details of the employee and dependents under CMAAY :						
Sr. No.	Name	Date of Birth	Relationship	Marital Status	Employment Status	Aadhaar card No.*
1			Self			
2						
3						
4						
5						
6						
7						

**Imp. Note: - \*Photo copy of Aadhaar card of all dependents to be submitted along with this form.**

**NB:** Additional pages may be added for filling in dependent details.

\_\_\_\_\_  
Signature of the Employee

Certified that the above particulars are verified with the Service Book of the Employee.

**Checklist of documents attached (Please tick ✓ which ever is applicable)**

- 1 Copy of Govt. ID Card
- 2 Copy of Aadhar Card

\_\_\_\_\_  
Signature & Seal of DDO/HoD/Controlling  
Officer in Government Department

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Name :  
Designation :  
Date :