

CMAAY Enrollment Form – STATE GOVERNMENT EMPLOYEE

Particulars		Detailed Information						
1.	Name of Employee (Block Letters)							
2.	Father/Spouse Name:							
3.	Permanent Address				Office Address			
	Address							
	Village / Town							
	District							
	PIN Code							
4.	Contact Number:	Alternate Contact Number:						
5.	Name Of Department:							
5.1	Name Of Office							
6.	Designation:							
6.1	Service Category: (Tick applicable)	☐ Regular	☐ Contractual	☐ Ad-hoc	☐ Contingency			
7.	Govt. Employee ID Card No:							
8.	Date of Appointment				Age of Retirement (Tick applicable)	60 ☐	62 ☐	Specify if other:
9.	Pay Matrix Level (7CPC) (Tick applicable)	☐ Level 1 to Level 5	☐ Level 6 to 9	☐ Level 10 and above				
10.	Details of Employee and eligible family dependents (as per CCS rules) for health coverage under CMAAY							
	Name	Date of Birth/Age	Relationship with the employee	Marital Status (Y/N)	Employment status (Y/N)	Aadhaar card No.*		
I			Self					
II								
III								
IV								
V								
VI								

Imp. Note: - *The form may be submitted at the Enrollment Kiosk or for self enrollment through www.cmaay.com or "AROGYA ARUNACHAL" mobile app. Please upload the duly filled form along with the scanned copy of the Govt. Employee ID and Aadhar Card of the employee & all dependents). NB: Additional pages may be added for filling in family & dependent details.

Note: If both the Husband & Wife are State Govt. Employees, then their dependents can only be covered singularly under either the husband or the wife & not under both.

I (Name of Employee) hereby declare that the above statement are true to the best of my knowledge and belief, and that I understand that this may be used as an evidence in court and is subject to penalty in case of any perjury. I hereby state & undertake that I have no objection in authenticating myself with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for seeding my Aadhaar number to provide benefits and services under CMAAY

Checklist of documents attached (Please tick whichever is applicable)

- 1 Copy of Aadhaar Card
- 2 Copy of Govt ID card

For Office Use Only

Certified that the above details have been verified with the Service Book of the employee.

Signature of the employee

Signature of H.O.D. / D.D.O.

Name:

Designation:

Contact No.

Seal